Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Year GEORGE ERNEST FISCHER 4b. City, Town, or Location of Death 4c. County of Death /Medical 4a. Facility Name (If not institution, give street and number) Examiner WASHINGTON HAGERSTOWN WASHINGTON COUNTY HOSPITAL 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth
JANUARY 8, 1912 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1√ M 2□ F Days Hours BALTIMORE CO., MD. Yrs. 216-01-6510 Director Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at MARYLAND WASHINGTON HAGERSTOWN- BOONSBORO 1 Yes 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21713 U.S.A. 7615 OVERLOOK DRIVE Funeral items : 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: WW □ 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. the Medical Evarance filed within 72 hours after 1 Never Married 2 Married 21215-0020 ŏ 1 Yes 2 No Specify: Py Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad WW II natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry BALTIMORE GRAIN FORWARDERS. and Mental Hygiene. Is marked other than Elementary/Secondery (0-12) College (1-4or 5+) N/A PRESTIDENT-SELF EMPLOYED INC. traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Peges 1 and 2 should be nent of Health and Mental CHRISTINE SCNELL JOHN GEORGE ANDREW FISCHER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 Is any Injury or other trau 7615 OVERLOOK DRIVE BOONSBORO, MARYLAND 21713 THELMA FISCHER (WIFE) 20a. Method of Disposition

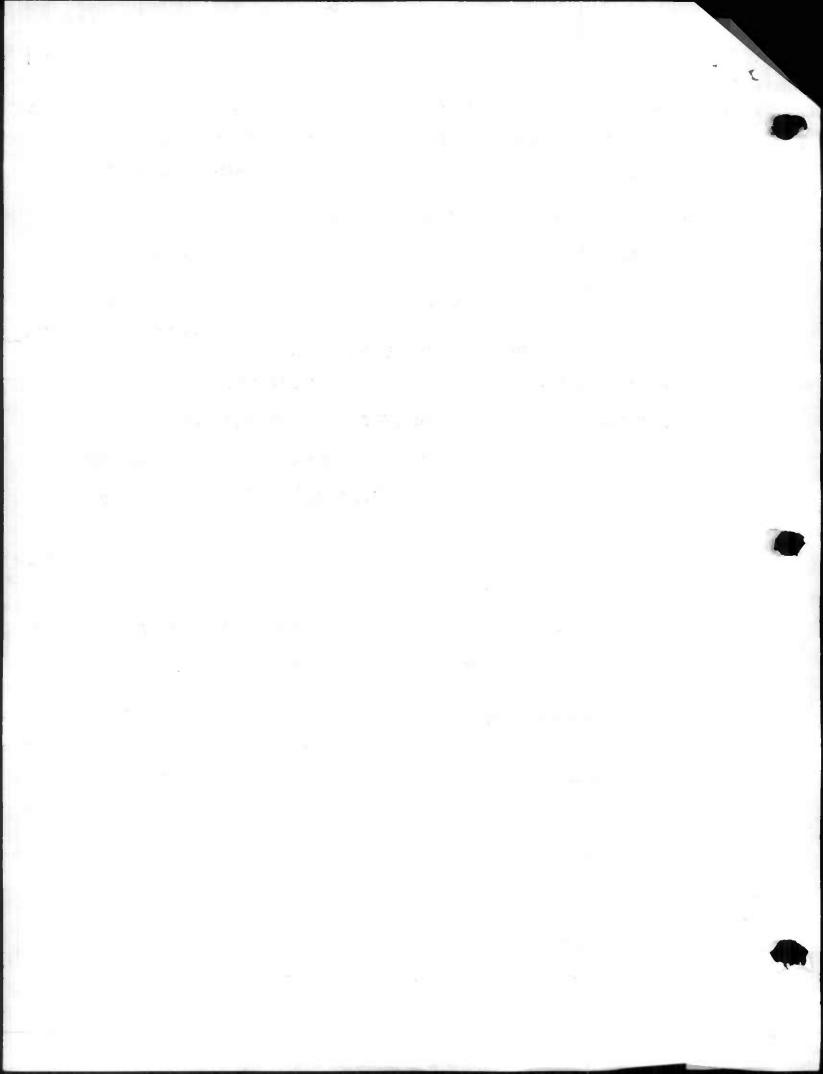
10 Burlai 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) GARDENS OF FAITH CEMETERY APRIL 9,1997 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licenses 22. Name and Address of Facility LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete 0913A Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final Electronechanical dissociation disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner Untricular tachycardia / Fibrilation Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or as a consequenca of): Box 68760, Possible is denic heart disease, left rentriular hypertopolif 8 Physician/Medical ŝ Due to (or as a consequenca of) certificate diasetes welling, atherosclerosis, hypertenem, advanced Undulying age P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown chest pain of uncertain corrligh Division of Vital Records, þ Completed 24b. Were eutopsy tindings available prior to completion of cause of death? 24e. Was an eutopsy performed? Pair left homisphie strokes The taw Periphual vascular disease 2 X No 1 ☐ Yes 2 X No Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 poppatient 2 ER/Outpatient 3 DOA 2 Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No this Certification: 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Affect 5 Pending investigation 1 Diaturel 1 Yes 2 No after death Director: / d in by the i 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide hours Funeral 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Swith landetm, UD D 44316 4/6/97 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Scott M. Warriston, WD 11110 medical Compres word, Hagerstrum MD 21742 31. Dete filed (Month, Day, Year) 32 Registrar's Signeture

was Davidson-Randell

State

APR 11 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** Bertha E. Flynn
4a. Facility Name (If not institution, give street end number) April
4b. City, Town, or Location of Death 1997 7:04 am /Medicai 4c. County of Deeth Examiner Johns Hopkins Bayriew Medical Center Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey.) If Under 1 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country) **Funeral** 1□ M 20 F Months Deys Director filed within 72 hours after death with the Manyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, the Medical Examinet Lines to notified at Yes 2 No BALTIMORE Completed by Funeral Director 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 925 U.S.A.

14. Race - American Indian,
Bleck, White, etc. 21224 WOOD 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ENo If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1□ Yes 2 No 21215-0020 Specify: 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Baltimore, Maryland 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) . Pages 1 end 2 should be file ment of Health end Mental Hant: If item 27 is marked oth jury or other traumatic even 7 is ment Be 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, BALTO. MD. EANOL 20b. Place of Disposition Method of Disposition Burial 2 Cremetion 3 Removal from State Department of Important: If any injury or 4 Donation 5 Other (Specify) permit. re of Fyraral Service Lightsen 23a. Part1. Enter the disease, decomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medicai Immediate Cause (Final . Pulmonary 3 hours disease or condition resulting in death) Examiner post bilateral total knee replacement or Attending Physician: The law requires that the death certificate be executed usa as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of): of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): is centificate has been signed by the a director, page 2 should be detached it Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably Be Completed by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To the flospital or Attending Physical March 12 hours after deeth.

To the Fuheral Director: After this completely filled in by the funeral directors. 2 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Division Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Medicai 29a. Certifie Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.

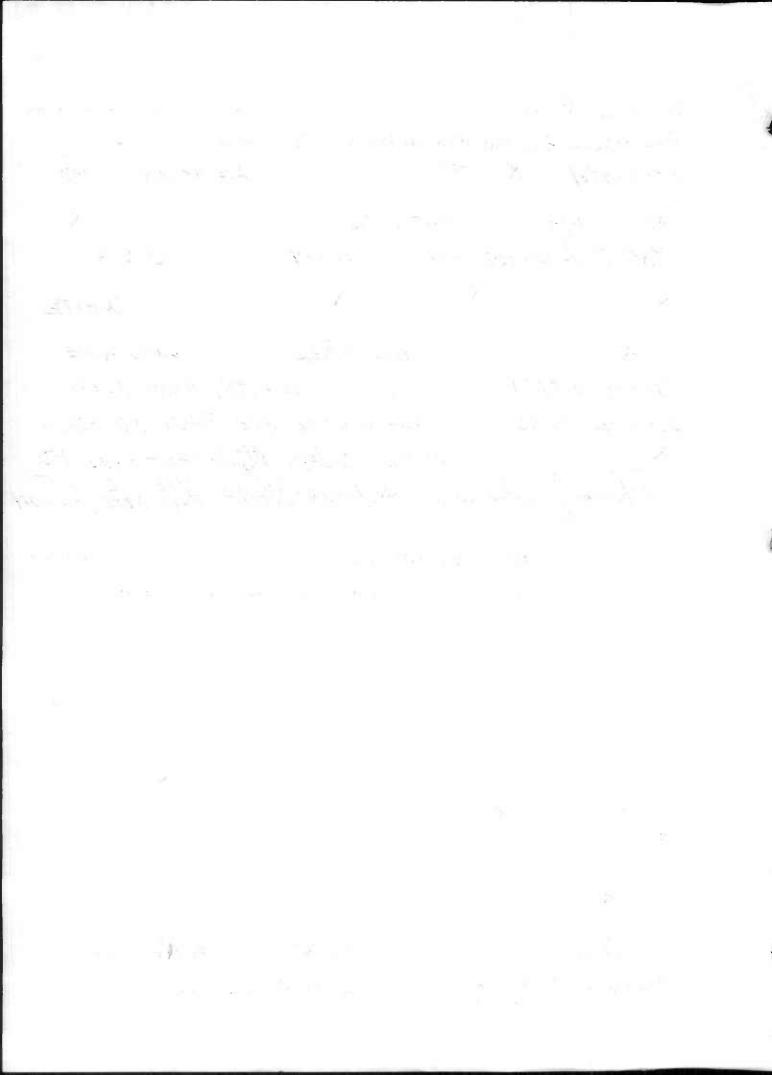
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 96125 1997 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Johns Hopkins Jean Wu Bayview Medical Contex

State Registrar 31. Dete filed (Month, Dey, Yeer)

APR 11 1997

32. Registrar's Signature

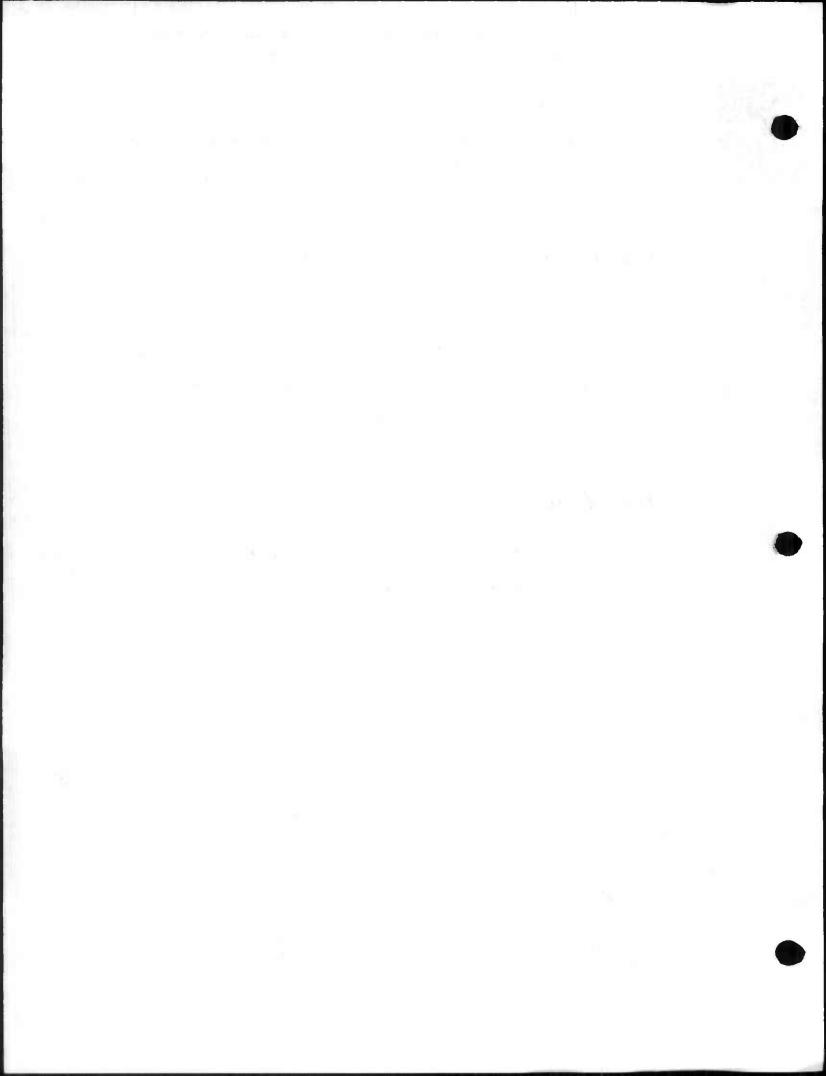
who Davidson



State of Maryland / Department of Health and Mental Hygiene

11003

					C	ertificate	of Death		Reg. No.		11000	
			1. Decedent's Neme (First, Middle, La	st)				2. Dete of I	Deeth	Voor	3. Time of Death	
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			St. Agres Nursing a	nd Rehabilita	tion Cente	er	Ellic	ott Cit	y Howa	rd		
	Funeral Director		220-30-6583		(In yrs. lest birthd) 2 Yrs	Months F	Yeer If Under 24 Deys Hours	Min. 8. Dete of E (Month, I June 1	Birth Dey, Year) 0 1894	9. Birthp Cour	plece (Stete or Foreign inia	
	and w		Usuel Residenca of Decedent 10a. Stete 10b. County	1	10c. City, Town o	Location					IOd. Inside City Limits	
	f sho	0	Maryland Howard								1 ☐ Yes 2 反 No	
	the 28a	Funeral Director	10e. Street and Number		Colum	10f. Zip Co	ode		10g. Citizen of	Whet Cour	ntrv?	
	3a or	ō	7080 Cradleroc	z Tal a sz			21045		USA			
	death me 2	Jera	11. Maritel Stetus	12. Wes Decedent Ev	er in U,S.	3. Wes Decaden		n? (Specify Yes or t Puerto Rican, etc.)			can Indien,	
21215-0020	72 hours after death with the Maryland natural, or items 23a or 28a-f show pical Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			No Specify:	Puerto Rican, etc.)		ck, White,		
2-0	72 ho	eted	15. Decedent's Ed (Specify only highest gre		16e. De	cedent's Usuel C	Occupetion	of working	16b. Kind of B	usiness/in	dustry	
T.	S 2 2	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)			done during most of retired)		Orre	Homo		
	hygier Tr. Tr.		9th		1.	Homemaker			Own		;	
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2	hould d Me mark	10		Charles Jones Caroline Perkins e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, 2								
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ē,	Haalth Health Jem 27 other tr		20e. Method of Disposition		20b. Plece of Di	sposition (Neme	of	Dete	20c. Location			
	Pa Int:		1⊠ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	()		cremetory or other		4-9-97	77 Marriottsville, Maryland			
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			23a. Part1. Enter the disease, or com shock, or heart feilure. List only	picetions thet caused the	ne deeth. Do not	enter the mode of	of dying, such es ca	ardiec or respiretory	errest,		Approximete Intervel Between	
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4	/Medical		Immediate Ceuse (Finei diseese or condition	cong	estiv	7 60	art-	Lailu	12		18 4M	
	Examiner		resulting in deeth)		ue to (or es a con		7	Lailu			100	
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	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the bunal-transit	Examiner	Sequentially list conditions,	Di	ue to (or es e con	sequence of):				-	0	
68760,	be ey	a E	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events			1						
387	phys the	Medical	that initiated events resulting in death) Lest Due to (or es e consequence of):									
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Bo	that the daath cert ed by tha attendin detached for use	Physician/										
P.O.	the d	hysi	Pert II. Other eignificent conditions of	ontributing to deeth but	not resulting In th	e underlying caus	se given In Pert I.				o the cause of death?	
σ.	as that igned b be deta	by P						11	Yes 2 No	3 Pro	bably 4 Unknow	
Records,	ruiras n sig uld bu	D D						24e. We	s en eutopsy	24b. W	ere eutopsy findings	
00	> 0	jet						pe	formed?	CO	aileble prior to impletion of cause deeth?	
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of Vital	clan: The	Be C	25. Wes case referred to medical				OF Pinne			11.	Yes 2 No	
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lon	ath. r: Ahar is funs	atio	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation		<i>rear)</i> Inju	M	Work? 1 ☐ Yes 2 ☐ No	0				
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F	and	Certification:		building, etc.	(Эрвспу)			Ony or a	Own, Siele/			
)	To the Hosphiron within 24 hours afte To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one) 150 Certifying Ph	ysician: To the best of eliner: On the basis of elend menner state	xeminetion end/o	eeth occurred et t investigation, in	he time, dete end my opinion, deeth	plece, end due to the occurred et the time	e ceuse(s) end me e, date end placa,	enner es s end due to	teted. the ceuse(s)	
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	G0487 70		Aurko	nes_		(1)	21649		APRIL	8	1997	
	3		30. Name en address of person who	completed cause of dea	th (Item 23e) (Ty	pe, Print)	LKENS	ANG BA	HIMORI	F. 1	1997	
	Sta	ite	31. Dete filed (Month, Dey, Yeer)	2. Registrar	s Signeture							
	Registr	1	APR 11 1997	July Day	s Signeture dson-Rand	ر الد						



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				Hospital					Roseda				ltimor		
Funeral Director		5. Sociel Security N 216-01-14	08	Sex 7. A 1□ M 25xF	ga (In yrs. Ia 79	st birthday) Yrs.	If Undar Months	1 Yaer Deys		Min.	Dete of Birt (Month, De)	h v. Year) , 191 8	9. Birtl Co. Mar	nplace (Ste untry) ylanc	
and w		Usuel Residence of 10e. Stete	10b. County		10c. City,	Town or Lo	cation			<u>-</u>				10d. Inside	City Limi
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23a or 2	ral Dir	10e. Street and Nur 1220 Bur					10f. Zip	220				10g. Citize	U.S.A		
s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. If Health and Mental Hygiene. A Tile marked other than "naturel", or items 23a or 28a-f ahow other treumstic event, the Medical Examine must be notified at	by Funeral Director	11. Maritel Status 1 ☐ Never Marri	ed 2 Married	12. Wes Deceden Armed Forces 1 Yes 2 If Yes, Give	?		Was Deced If Yes, spec 1 ☐ Yes		Hispenic Origin en, Mexican, F Specify:	n? (Spec Puerto R	ify Yes or No- ican, etc.)		Race - Amai Btack, White	atc.	
ref.	d by	3 Widowed	4 Divorcad	Yeer or Datas			10 165	21,30,40	эреспу.			SI	pecify: W	hite	
natu	etec	(Spec	15. Decedent's E			16e. Decadent's Usuel Occupetion (Give kind of work done during mo life. DO NOT use retired)		petion during most o	f working	7	16b. Kind	of Business/I	ndustry		
within sne. than	Be Completed	Etementery/Seco		College (1-4or	5+)		DO NOT U OUSEW		nd)			Own	n Home		
be filed v tal Hygie d other t event, to		17. Father's Neme	11 Father's Neme (First, Middla, Last) College B. Quarles								First, Middle,	Melden Su			
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and and la m		19e. Informent's Ne							t and Number						
1 end Health		Thomas A 20e. Method of Disp		(Nephew)	20h Bla	1090			ooro Dr	rive					
permit. Peges 1 and 2 should be filled within 72 hours Deportment of Health and Mental Physiene. Important: if item 27 is marked other than "naturel", any injury or other treumatic event, the Medical Example.		1X Burial 2		Ramovel from State	Cei	metery, crea	metory or o	ther ple	rdens 4	/12/	1997		imore,		Md.
permit. Depertriments any injure.		21. SignetAre of u	neral Service Lipe	noon l			Bruzd	zins	ess of Facility Ski Fun						
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ath. r: After e funer	atio	1 ☑ Neturel 2 ☐ Accidant	5 Pending Investigetio		ey Year)	Injury	М		rk? Yes 2∐No	,					
or Attending effer death. Director: Affei I in by the fune	Certification:	3 Suicide 4 Homlcide	6 Could not be determined	286. Piece of in	ijury - At hom tc. (Specify)	ne, farm, str	eet, fectory	, offica		281. Location (Street end Number or Rural Routa Number, City or Town, State)				lumber,	
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State of Maryland / Department of Health and Mental Hygiene

Items: 28a-f per MEO G-746 4/11/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day EUGENE 5,1997 GREENE APRIL 05:27 AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LIBERTY MEDICAL CENTER BALTIMORE 8. Date of Birth (Month, Day, Year)

THE OP, 1952 if Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (State or Foreign Country) **Funeral** 216-58-4990 Months Days 1 M 2 F 44 Yrs. Director MAryland Usuai Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at Baltimore VYes 2□No Director MAYYland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Annellen 2/2/5 USA 4036 permit. Pages 1 and 2 should be filed within 72 hours efter deeth Department of Heelth and Mantel Hygiene. Important: if item 27 is marked other than "natural", or fearmany or other trainment. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 WNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Stetus 1 ☐ Never Married 2 ☑ Married Black Baltimore, Maryland 21215-0020 1 Yes 2 No 2 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired)

FORK Lift OperatoR 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Clotex International College (1-4or 5+) Operation grade 17. Father's Name (First, Middle, Last) Be EUGENE 6reene 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) daughter 2430 MD. 2/230 Dorton Lelda 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 □Removal from State MT. Zion Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

22. Name end Address of Facility

23. Name end Address of Facility

24. Name end Address of Facility

25. Name end Address of Facility

25. Name end Address of Facility

26. Name end Address of Facility

27. Name end Address of Facility

28. Name end Address of Facility

29. Name end Address of Facility

29. Name end Address of Facility

29. Name end Address of Facility

20. Name end Address of Facility

21. Signature of Funeral Service Licensee

22. Name end Address of Facility

23. Name end Address of Facility

24. Name end Address of Facility

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26. Name end Address of Facility

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28. Name end Address of Facility

28. Name end Address of Facility

28. Name end Address of Facility

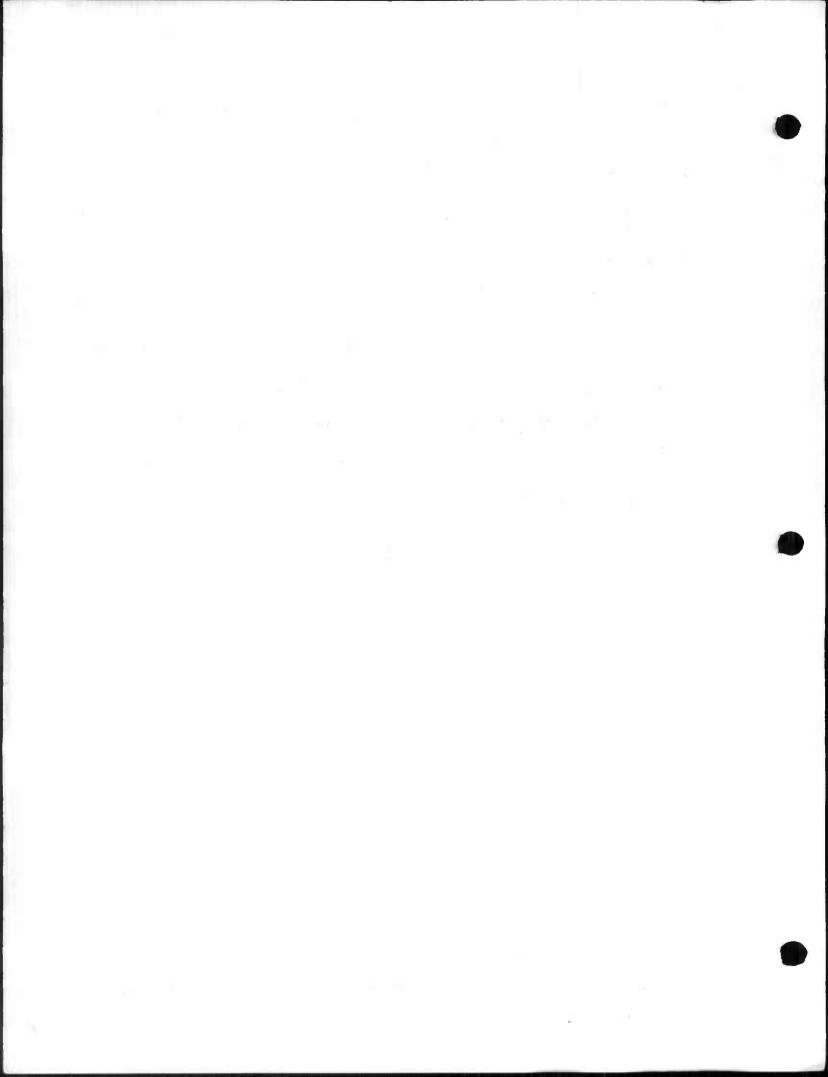
29. Name end Address o **Physician** /Medical Immediate Cause (Final Narcolic intexication disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificete be executed use es the bunel-trensit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest pue Due to (or as a consequence of) Box 68760. ettending physician for use es the burie Due to (or as e consequence of) Records, P.O. Part Ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Be Completed by should t 24b. Were autopsy findings evailable prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 □ No 1 XYes 2□ No this certificate Division of Vital To the Hospital or Attending Physician: "within 24 hours efter death.

To the Funeral Diractor: After this certifice completely filled in by the funeral director; p 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Yes 2□ No Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) Certification: To 27. Menner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred A 5 Pending Investigation found_{2:45} M 1 Netural 1 Yes 2 No Unknown 2 Accident found 4/5/97 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 4036 Annellen Rd. 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and pleca, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Donald J. Wright MD APRIL 5, 1997 OCME 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) DENALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Yeer) 32. Ringistrar's Signature State APR 11

Registra

DHMH 16 Rev 6/95



Physician

/Medical

Examiner

Funeral

Director

rail, or items 23s or 28s-f shore Examiner must be notified at

"natural", or

traumatic event, the Medical

marked other than

Directo

by Funeral

Completed

Be 10

Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland nent of Heelth and Mentel Hygiena.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

Sociel Security Number

10e. Street end Numbe

11. Meritei Status

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 1813 4e. Fecility Name (If not institution, give street end number, 4b. City. Town, or Location of Deeth 4c. County of Deeth DER WOREESIEL If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrd. last birthdey) Months Deys 031-12-299 Usual Residence of Decede Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2□ No 10g. Citizen of Whet Country? edent Ever in U,S. 13. Wes Decedent of I If Yes, specify Cub 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 Married WHIT 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 19b. Mailing Address (Street and Number or Rural Route Number, City of 19e. Informent's Name/Reletionship (Type, Print) 20b. Plece of Disposition cemetery, cremator 20e. Method of Disposition Buriel 2 Cremetion 3 Removel from State 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Ling 22. Neme end Address of Fecility

Physician /Medical Examiner

signed by the

certificate has

#

or Attend after death Director:

To the Hospital or within 24 hours alt To the Funeral Di

þ

Completed

Be

Certification: To

Medicai

Important: If item 27 any injury or other tr

Examiner physician a the burial Physician/Medical

Do not enter the mode of dying, such as cardiec of

Approximete Intervel Between Onset and Death

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest

Immediate Cause (Final disease or condition resulting in deeth)

Due to (or es e consequence of)

Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

1 Yes 2 No

28. Piece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes cese referred to medice 1 Yes 2 No

31. Dete filed (Month, Dey, Year) APR 11 1997

1 Inpatient 28a. Dete of Injury (Month, Dey Year)

2 ☑ ER/Outpetient 3 ☐ DOA 28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

29e. Certifier

27. Menner of Death

1 Neturel

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the ceuse(s) end menner es steted.

2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) end manner stated.

29b. Signeture end title of certifier

5 Pending investigation

6 Could not be

29c. License number

1 Yes

2 No

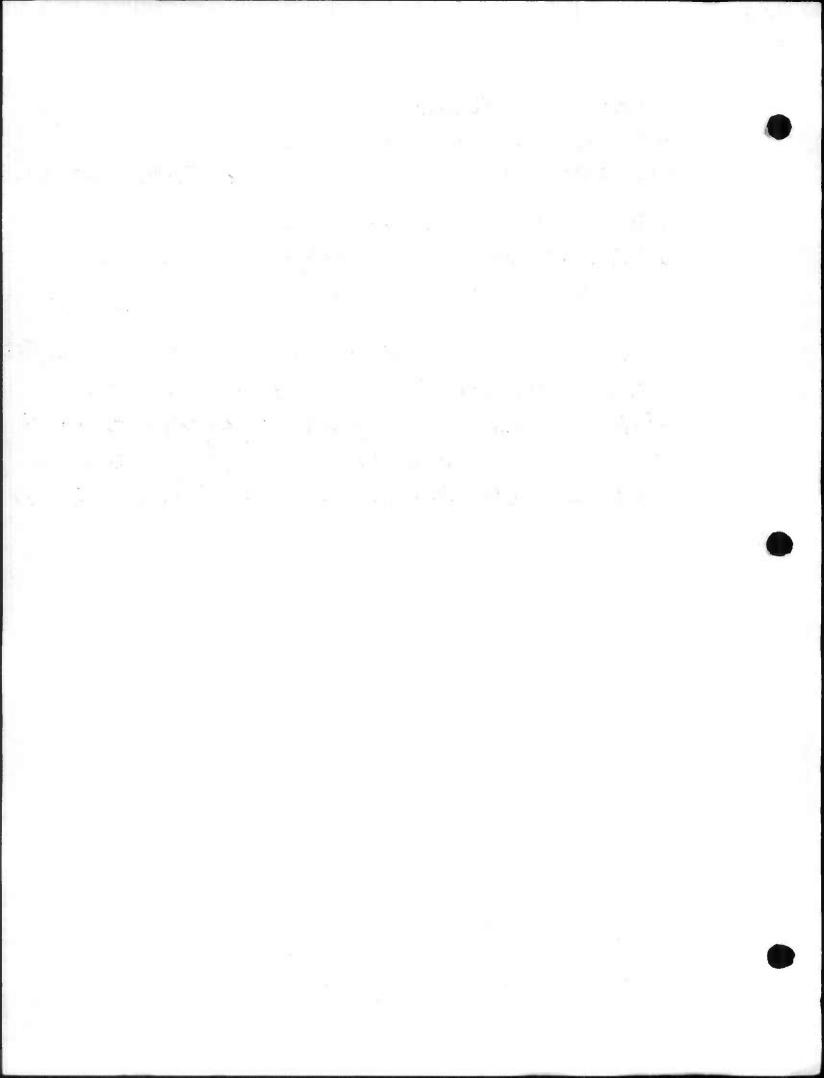
29d. Dete signed (Month, Dey, Year)

Berlin MD

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Neme end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

State Registra



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month IRGINIA MMONID 4b. City, Town, or Location of Death 9 199 4a. Fecility Name of not institution, give street end number; 4c. County of Death BALTIMORE TOWSON Gilchrist Hospice Center 7. Age (In yrs. last birthdey) If Under 1 Year 5. Sociel Securify Number If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign 1□ M 2□ F Months Days Hours Country) MARYLAND Yrs. 217 07 6321 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE TIMONIUM 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2448 Springlake Drive 21093 USA 12. Was Decedent Ever in U,S. Armed Forces?v 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married WHITE 1□ Yes 2□ No 3 HWidowed 4 □ Divorced Specify 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 n/a Volunteer Hospital/Church 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Robert Avery Edith Prince 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Robert Carlisle Hammond/Son 2448 Springlake Drive, Timonium, MD 21093 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State Dulaney Valley Mem. Gardens AB57 5 Other (Specify) Timonium, MD 21. Signature of Biyan W. 22. Name and Address of Facility Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd. Timonium, MD 21093 se, or complications that caused the cloeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset and Deeth

OUNIAM CANCEY

Physician /Medical Examiner

Attending Physician: The law requires that the death certificate be executed

division of Vital Records, P.O. Box 68760,

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mantal Hygiene. Important: If them 27 is marked other than "natural", or thems 23s or 28s-f show any injury or other traumatic event.

Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

10a. State

Director

Funeral

Completed by

Be 2

Funeral

Director

Examine Physician/Medical by Completed

Be

Medical Certification: To

rector: ,

Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Pert II. Other significant condition

Immediate Cause (Final disease or condition resulting in death)

Due to (or as a consequence of) Due to (or as a consequence of):

Due to (or as e consequence of):

ii. Other signinca:	n conditions contribut	ling to death but no	t resulting in the un	derlying ceuse giv	en in Part i.
	<u> </u>				

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown

24a. Was an auto performed?	psy
4000	OTNo.

24b. Were autopsy findings available prior to completion of ceuse of death?

	1 🗆	Yes	200
hack	only	one)	

Or GOLDITI		
1 🗆 Yes	2□ No	

YEARS

25	5. Was case referred to medical examiner?		26. Place of Death (Check only one)									
	1 ☐ Yes 2 No	F	lospital: 1 Inpatient 2	☐ ER/Outpatient	3□	DOA Other:	4 ☐ Nursing	Home 5 Residence		6 Other (Specify)	Hospice	
27	7. Manner of Death 1 Natural 5 □ Pending 2 □ Accident □ Investig	tion	28a. Date of Injury (Month, Dey Year)		М	28c. Injury a Work?	t s 2 🗆 No	280	I. Describe how inj	ury occurred	113716	
3 ☐ Suicide 6 ☐ Could not be determined			28e. Place of Injury - At home, farm, street, factory, office						28f. Location (Street end Number or Rurel Route Number, City or Town, Steta)			

29a.	Certifier
	(Check onl
	one)

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated.

29b. Signature and title

29c. License number

30. Name and address of person who complete ceuse of death (Item 23a) (Type, Print)

N. Charles St. Balto. Md A. Riles 3t. Date filed (Month, Day, Year)

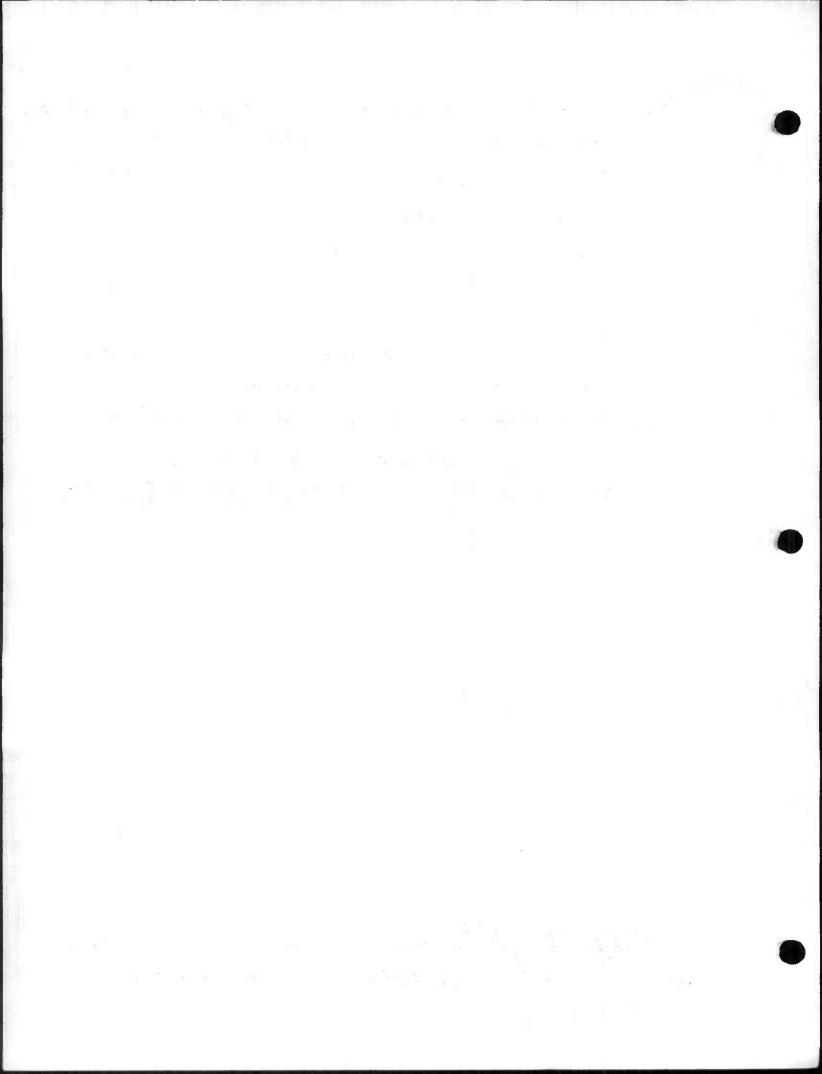
State Registrar

APR 11

32 Registrar's Signature

DHMH 16 Rev 6/95

29d. Date signed (Month, Dey, Yeer)

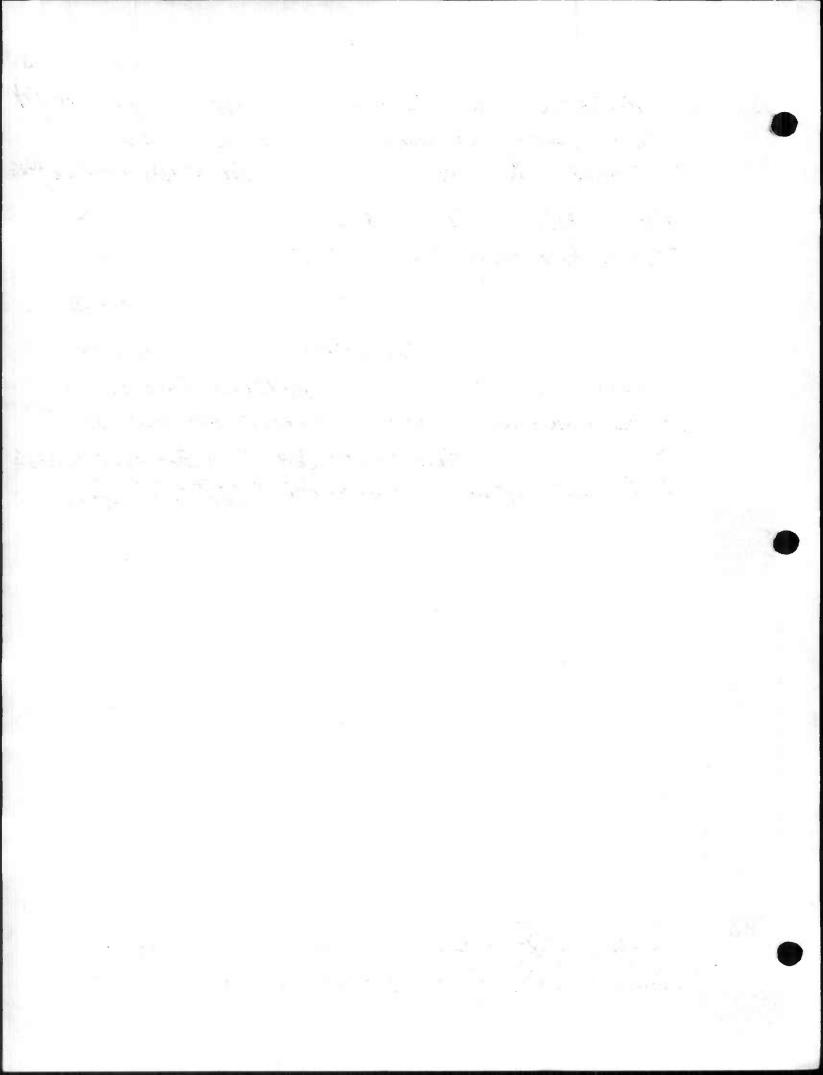


State of Maryland / Department of Health and Mental Hygiene

of Death

11008

			Certifi	cate of Death	Re	g. No.	11000
Physic /Med		1. Decedent's Name (First, Middle, Lest) MADELINE A	HARTI	LEY	2. Date of Death	5,1997	3. Time of Death
Exami	ner	4e. Facility Name (If not institution, give street end number) 3536 E. FARMOUN		4b. City, Town, or L BATTIM Under 1 Year If Under 24 Hrs.	OFF	C. County of Death	
Funeral Director		5. Social Security Number 6. Sex 1 M X F 7. Age Usual Residence of Decedent		nths Days Hours Min.	8. Date of Birth Month, Dey,	9. Birth	pplace (State or Forgon
5-UUZU 72 hours after death with the Maryland natural, or items 23a or 28a-f show	Director	MD- N/A		LOFE			10d. Inside City Limits Yes 2□ No
s 23a or 3	eral Dir	3536 E. FAILMOUN	TAVE.	2/224		g. Citizen of What Cou	A.
OURS after do	d by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 1 □ Never Married 2 □ Married 1 □ Yes, Give Year or Dates:	If Yes	Decedent of Hispenic Origin? (Si, specify Cuban, Mexican, Puerto es 2 No Specify:	Pican, etc.)	14. Race - Ameri Black, White	
within she.	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	(Give kind	Usual Occupation of work done during most of work OT use retired.	king	6b. Kind of Business/Ir	ndustry ME
Maryland 2 Id 2 should be filed th end Mentai Hygi if Is marked other treumetic event, I	To Be C	17. Fether's Neme (First, Middle, Last) STEVEN LUCKETT	-	18. Mother's Nam	ne (First, Middle, M	aiden Sumeme) RONIN	
Te, Mary Tend 2 shou Health end N em 27 is mer		19a. Informant's Neme/Relationship (Type, Print) ANGELINA TO HUSON	3536	dress (Street and Number or Ru	rel Route Number,	City or Town, State, Zi	io Code) ZVZZ4 HD.
E P E E		20a. Method of Disposition Burial 2	20b. Place of Disposition emetery, cremator	HAPEL CEM.	App. 9 1997 L	Oc. Location - City or T BEECH BO	Toth, W.
Danit. Depertrimportri	L	Homos Han	do-ye. SKI	ne and Address of Sacility ADA FH. Z	2829 HL 34-170 -	MB- Z	1224
Physician /Medical Examiner	er	23e. Part1. Enter the disease, of Complications that caused the shock, or heart failure. List only one cause on each line. Immediate Ceuse (Final disease or condition resulting in death) Do	Na Quice the ue to (or as a consequence		or respiratory arre	it,	Approximate Interval Between Onset and Death
ant certificate be assected ettending physician end for use as the burial-transit	/Medical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated exempts.	ue to (or as a consequence				
. 0 0 0	Physician/	d	not resulting in the underly	ring cause given In Part I.	23b. Did tob		to the cause of death?
requir been s should	by				24a. Was an	eutopsy ed? 24b. W	Vere eutopsy findings vallable prior to ompletion of ceuse
The page	Completed				1 ☐ Yes		f déath? ☐ Yes 2☑ No
dclan: The certificate rector, pag	Be	25. Was case referred to medical examiner?		Othor	th (Check only one	-	
3 5 5 5	tlon: To	27. Menner et Deeth 1 Directurel 5 Pending 2 Accident investigetion 1 Inpatient 1 Directurel 5 Pending (Month, Dey Y		28c. Injury et Work?	ome 5 P Resider 28d. Describe how		<i>(ty)</i>
5 6 8 6 5	Certification:	3 Suicide 6 Could not be	- At home, farm, street, fa (Specify)		28f. Location (Stre City or Town,	eet end Number or Rur Stete)	al Route Number,
Hospital	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of read manner state.	camination and/or investig	rred et the time, date and piece, atlon, in my opinion, death occur	and due to the cau red at the time, dat	ise(s) and manner es s e and piaca, and due t	stated. to the ceuse(s)
-R5)ž	29b. Signature and title of centiler	\	29c. License number	29	d. Date signed (Month,	Dey, Year)
()		had Diff W.	J.	1)42908		4/6/97	
4		30. Name and address of person who completely cause of deel	h (Item 23a) (Type, Print)	hland Ave.	Balt. n	10 2126	24
Sta Registi	-	APR 11 1997	AND MANUFACTURE OF THE PARTY OF			16	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** LINWOOD HESSIE APRIL W. 1997 0102 /Medical 4a. Feclity Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Johns Hopkins Boyview Medical Center BALTIMORE CITY If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Yaar 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1QM 2□F Days Director 216-16-9043 AUGUST 23, 1925 MONTGOMERY CO., MD. Usuat Residence of Decedent 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 1□ Yes 2□ No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Street end Number 10g. Citizan of What Country? 10f. Zip Code 6 DOUGLAS ROAD 21220 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1√2 Yes 2 □ No tt/Yes, Give Year or Detes: WW ☐ Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or item any injury or other traumatic event, the Mental Bance. Black, White, etc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes XX No Specify: þ Specify: 3 ☐ Widowed 4 ☑ Divorced WW II WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Etementary/Secondary (0-12) Coltege (1-4or 5+) TRUCK DRIVER TRUCKING CO. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) HARRY HESSIE BESSTE E. SMITH 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Retationship (Type, Print) MRS. LILLIAN CLINE (SISTER) 6 DOUGLAS ROAD BALTIMORE, MARYLAND 21220 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Buriat 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) HOLLY HILL MEMORIAL GONS. APRIL 11, 1997 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensea 22. Nama and Address of Facility LASSAHN FUNERAL HOME, INC.
7401 BELATE ROAD BALTIMORE, MARYLAND 21236-4625

23a. Part1. Enter the dibeasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete Intervat Between Onsat and Death Physician /Medical Immediate Cause (Final 24 hours MYOCARDIAL INFARCTION disaase or condition resulting in death) Examiner Due to (or as e consequence of) Examiner LUNG CANCER Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of). Physician/Medical Due to (or as e consaquence of) Pert it. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown þ 24b. Wera autopsy findings evallebte prior to completion of cause of death? Completed 24e. Was en eutopsy performed? 1 Yes 1 ☐ Yes 20 No 25. Was case referred to medicat examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Naturei 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Straet and Number or Rural Routa Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 T Homicide 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner steted. edical 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Name and address of person who completed cause of death (Item 23a) (Type, Print) 5,6766 4540 GASTERN AVE, BALTIMORE, MD

Registrar

CSVALDO

31. Date fited (Month, Day, Year)

32. Registrer's Signature Julia Savidson

M.D.

DHMH 16 Rev 6/95

death with the Maryland

28a-f show

items 23s or 28s-f show their must be notified at

the bunel-transit

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signed by the

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death.

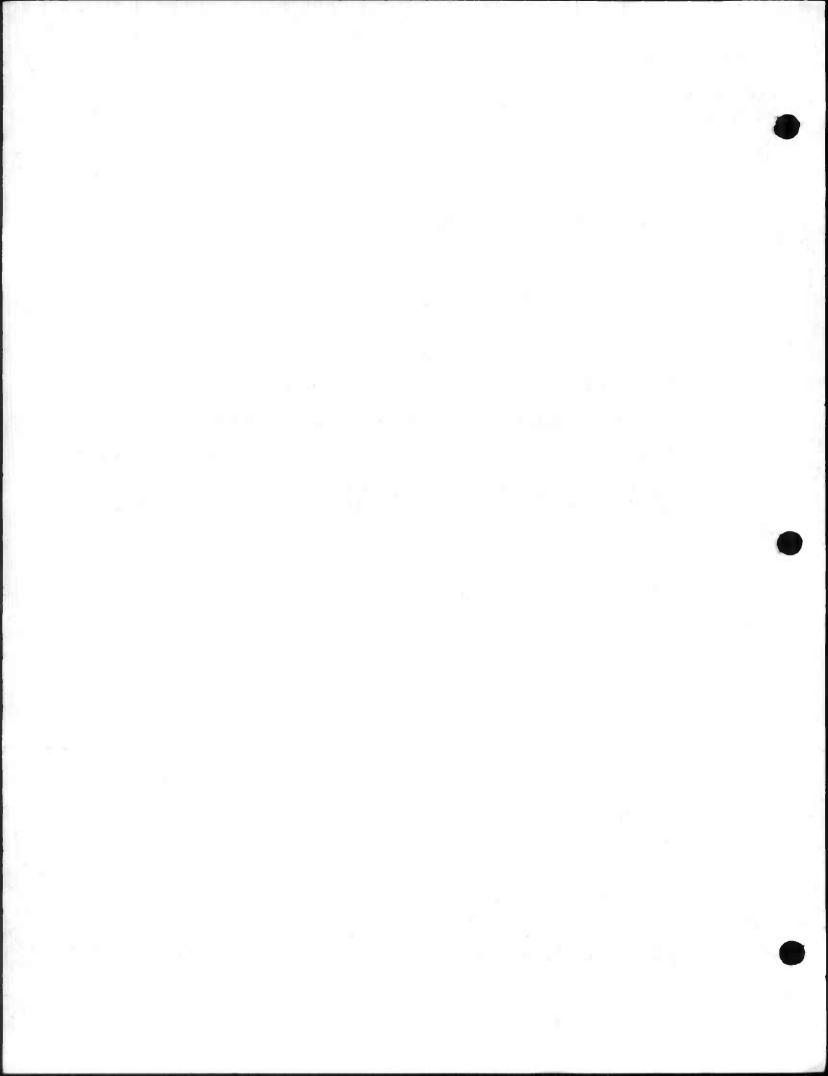
or A

To the Hospital o within 24 hours of To the Funeral D

pue

physician

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 97

De.f.FLM#G747 5-9²97 Certificate of Death

Reg. No.

			ITEM#10a,b,c & 1	Oe f FLM#G747	5-9-97 Cert	tificate of	Death		Reg. No.		1010
	Physic	ian	1. Decedant's Name (First, Middla, L.	ast)				2. Data of De Month	ath Day	Voor	3. Time of Death
d	/Medi				Elizabeth		gan	April	8, 199		6:00 p.m.
)	Exami	ner	4a. Facility Name (If not Institution, gi				4b. City, Town, or				
			2608 Matthews			H Hodas 1 Veas		rney		ltimor	
ď,	Funeral Director			Sax 7. Age (I	71 Yrs.	Months Days	If Under 24 Hrs Hours Min.		th, Year) 5, 1925	9. Birthplac Country, Mar	e (Stata or Foreign 'yland
	fand m		10a, Stata 10b, County	1/0	Oc. City, Town or Loca					10d.	Inside City Limits
	Mery	tor		timore		MAR	GATE arney				1 ☐ Yes 2 🕅 No
	h the	Director	10e. Street and Number 6308 CO		OT 22	10f. Zip Code	1063		10g. Citizen of V	What Country	?
	th wit			Matthews Dr		33	21234		United	State	S
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	and and em		19a. Informant's Name/Relationship				and Numbar or Ru				
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G	permit. Peges Department of important: If is any injury or once.		21. Signeture of Funeral Service Lice	Karinaly	inight Jr ²² .	05 Harfo	rd Road	Baltimor	e. Md.	Inc. 21214	
i V	Physician		23a. Part 1. Enter the diseasa, or con shock, or heart failure. List only	plications that caused the one cause on each line.	e death. Do not enter	the mode of dyin	g, such as cardied	or respiratory a	rrest,	int	pproximate terval Between nset and Death
1	/Medical Examiner	į.	Immadiata Cause (Final disease or condition resulting in death)	a. au			n bu	(Comme		i I	5-16,
		ē		Du	e to (or es a consequ	ence of):					
6	eeth certificate be executed attending physicien end I for use es the bunel-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	b. ———Du	e to (or as a conseque	ence of):				1	
00/00	sicler buri		Cause (Disease or injury that Initiated events	С,	II. ACCULTURE					-	
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	deeth e atter ed for u	icia	Part II. Other algnificant conditions	contributing to death but n	ot resulting in the und	tariulna causa ak	en in Pert I	23h Did	tobacco usa cor	ntribute to th	e cause of death?
9, 7.0	the sch	by Physician		or mounting to doubt out the	or resulting in the unit	anying cades giv	on mranti.	1 🗆		partie.	ly 4 ☐ Unknown
n local	e lew requires that hes been signed b ge 2 should be dete	Completed b							en autopsy ormed?	availa	autopsy findings ble prior to etion of cause th?
	The ate h	5						10	Yes 2 No	1 🗆 Y	es 2 No
100	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?					ath (Check only o	ona)		
5	5 00 0	ို	1 Yas 2 No	Hospital: 1 Inpatiant	2 ☐ ER/Outpatient		4 LI Nursing H	lome 5 Posi	dence 6 Oth	er (Specify)	
	After fune	ation:	27. Menner of Death 1 Natural 5 Pending 2 Accident Invastigation		28b. Time of Injury	28c. Injur Wor M 1 □	yat k? Yes 2 □ No	28d. Describe	how Injury occur	red	
	ai or Attendats efter deat in Director:	Certification:	3 Suicide 6 Could not be determined	be ad 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)							
1	To the the pital or Attend To the Funeral Director: completely filled in by the	edicai (29a. Certifier (Check only one)	nyalcien: To the best of m miner: On the besis of exa and manner stated	amination and/or inve	occurred at the tin estigation, in my o	ne, date and place pinlon, death occu	, and due to the med at the time,	cause(s) and ma date and place, a	inner as state and due to the	d. a cause(s)
1	To the comple	M	29b. Signature and title of certifier		No.	29c. Licens	a number		29d. Date signe	d (Month, Day	r, Year)
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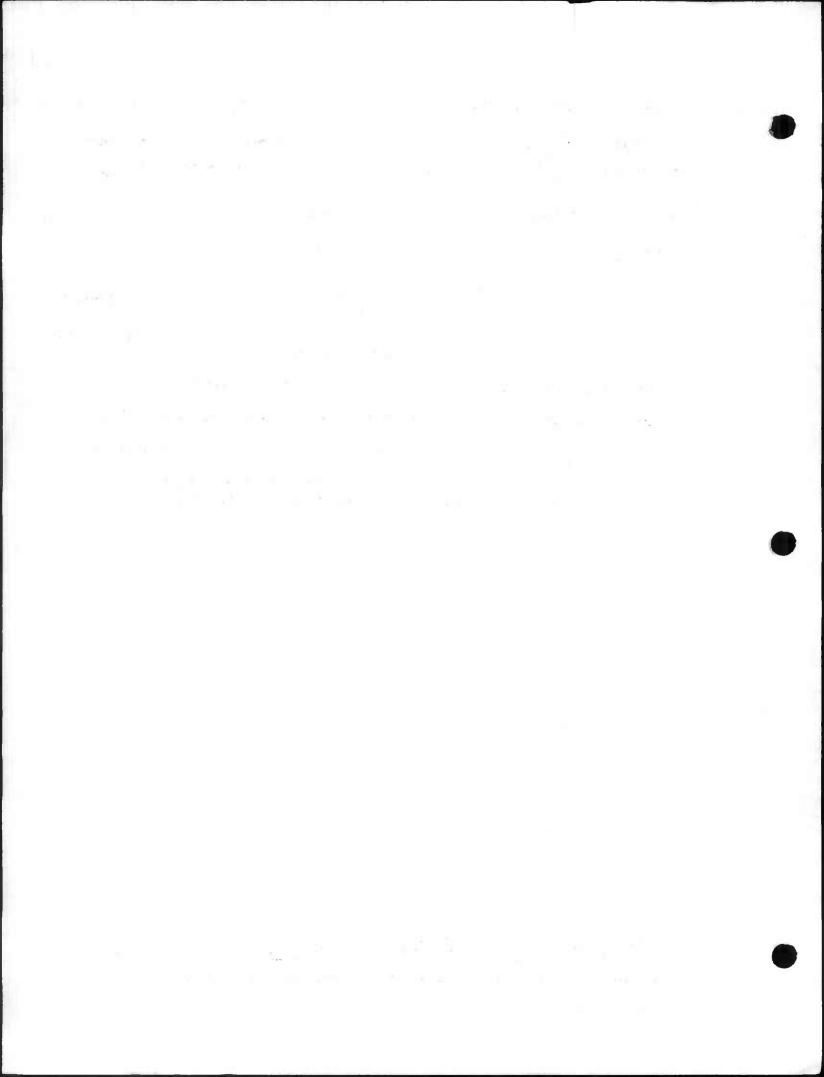
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State of Maryland / Department of Health and Mental Hygiene

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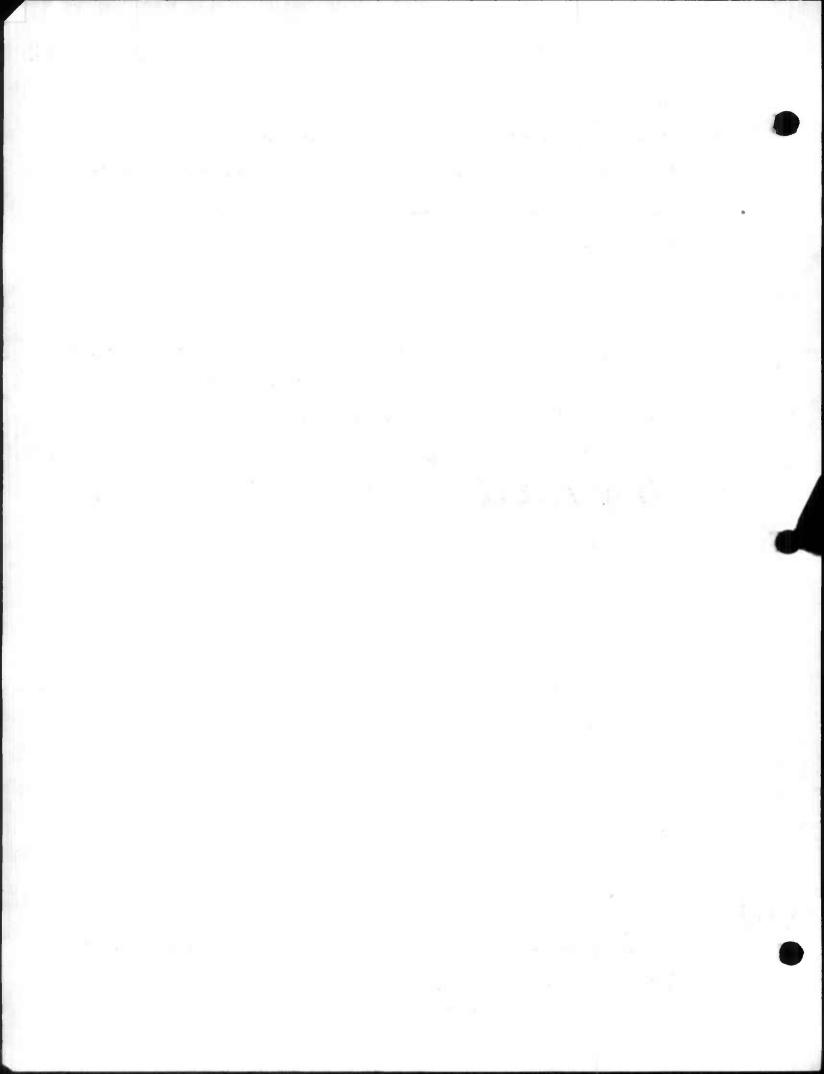
					Ce	rtificate o	f Death		Reg. No.	'	11011
	Physic	ion	1. Decedent's Nema (First, Middia, Lo					2. Deta of De	ath	/eer	3. Time of Death
0	/Medi			IMOTO JR.			April	8, 1997		1:00am	
	Exami	ner	4a. Fecility Name (If not institution, gir	ve street and number)				or Location of Death	11100		
-			9 Boxcircle 5. Social Sacurity Number 6.3	Sex 7. Aq	a (In yrs. lest birthday	If Under 1 Ya		SEX		timo	
	, Funeral Director		575-38-4891 1 Months Deys Hours Min Usual Residence of Decedent						8. Date of Birth March 1992 1989 9. Birthpleca (Steta Country) Hawaii		
	how		10a. State 10b. County		10c. City, Town or L					1	0d. Inside City Limits
	e Ma	cto	Md. Balti	more		ES	sex				1 ☐ Yas 🏖 No
	th with the	Funeral Director	10e. Street and Number 9 Boxcircle 10f. Zip Code 21221						10g. Citizen of Wh	et Coun SA	try?
020	is 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinat must be notified as	by	11. Marital Status 1 Never Merried 2 Married 35 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 1 If Yas, Giva Yeer or Detas:	Evar in U,S. 13.	Wes Decedent of If Yas, specify Co		(Specify Yas or No- erto Rican, etc.)	14. Rece - Amarican Indian, Bleck, White, atc. Specify: Hawaiian		
5-0	72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Dece	edant's Usuai Occ	supation ne during most of a	vorkina	16b. Kind of Busi	ness/Inc	dustry
121	Per	de la	Eiementery/Secondery (0-12)	College (1-4or 5	i+) life.	DO NOT use reti	(red)	· · · · · · · · · · · · · · · · · · ·			Proving
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Baltimore, Mar	Health and 2 sh Health and 19 m 19 m 27 is m 2		19e. Informent's Neme/Relationship (Desiree Baez/niec				Lowe Ave	Rural Route Number Chicago			
	permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr gnes.	1 0	20e. Method of Disposition 1 ☐ Burlel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		20b. Piece of Dispresentery, cre Metro Cre	osition (Nema of metory or other p ematory	inc. 4/	10/97	20c. Location - Co Baltimo		
Balt			21. Signature of Funeral Service Lice	neee /				Home of			
	HUE		23a. Parl 1. Enter the disease, or com shock, or heart failure. List goly	plcations that caused							Approximate Interval Between
	Physician /Medical Examiner	er	Immediate Ceuse (Finel disease or condition resulting in deeth)		Due to (or as a conse	androdes:		Mus			Onset and Death
ox 68760,	requires that the death certificate be executed some signed by the attending physician and hould be detached for use as the buriat-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Influry that initiated events resulting in death) Lest	е	Due to (or as a consec	quence of):					
.O. Bo	that the death ed by the atter detached for a	Physician/	Part II. Other significant conditions of	contributing to death but	ut not resulting in the u	underlying causa	given In Part I.	23b. Did t	obacco use contr	ibuts to	the cause of death?
<u>α</u>	es that igned by be deta							10	Yes 2□ No 3	□ Prot	bably 4 Unknow
Records,	v requires been sign should be	Completed by				PAGE .		24a. Wes	en autopsy med?	ava	ere autopsy findings alleble prior to mpletion of cause
Re	The law ata has b page 2 sl	d WC						40	a office		deeth?
Vital		BeC	25. Wes cese raferred to medical		· · · · · · · · · · · · · · · · · · ·		29 Place of F	Deeth (Check only o	1	1	Yes 2 No
2	Physician: this certific ral director,	0	examiner?	Hospitel:	nt 2□ER/Outpatie	nt 3 DOA	Other: 4 Nursing	1	lance 8 Other	(Specifi	d)
ion of	P He	ation: T	27. Manne of Death 1 Netural 5 Pending 2 Accident Investigation	28e. Dete of Injui (Month, De)		28c. In			ow Injury occurred		,
Division	i or Attendi after death. I Director: A d in by the f	Certification:	3 Suicide 6 Could not be determined		ury - At home, ferm, st :. (Specify)	reet, fectory, offic	8	28f. Location (S City or Ton	Street end Number m, Stete)	or Rura	l Routa Number,
	To the Hospital or / within 24 hours after To the Funeral Direct Completely filled in b	edicai (29e. Certifler (Check only one)	ysician: To the best of niner: On the basis of and manner ste	exemination and/or in	h occurred et the vestigetion, in my	time, dete end pie oplnion, deeth oc	ce, end due to the ocurred at the time,	cause(s) end mann dete end plece, and	ner as st d due to	eted. the cause(s)
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			1 mun	Ill om	Ve) M	1 1	19/12	/	4/0	3/0	37
20			30. Neme and eddress of person who Dr. Marvin Ron	completed cause of dealbro 805	eeth (Item 23a) (Type, Fuselage	Print) Ave. E	Baltimore	Md. 2122	20		
ľ	Sta Registr		31. Dete flee Wonth, Dey, Year) APR I 1 1997		ir's Signeture	2					

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				C	ertificat	e of	Death		Re	eg. No.			
Physic	ian	1. Decedant's Nama (First, Middla, La	st)						Data of Deatl	-	Yaar	3. Time of Death	
/Medi		Antone Kolb						A	PLIL		917	12:48 AM	ı
Exami	ner	4a. Facility Nama (If not institution, giv						wn, or Location		4c. Count			
Francis		Union Memorial 5. Social Security Number 6. S	_	(In yrs. last birtho	av) If Undar	1 Yaar		imore			N/A	laca (Stata or Foraig	
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anylan Show	_	10a. Stata 10b. County 10c. City, Town or Location									1	0d. insida City Limits	
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tteme	Funeral	11. Marital Status	12. Was Dacedant Eve Armad Forcas?	3. Was Daced If Yas, spec	dant of H	lispanic Ori an, Maxican	gin? (Specify n, Puarto Rica	Yas or No- n, atc.)		ca - Amaric ick, Whita,			
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Z I Z I D-UUZU d within 72 hours af jiena "patural", or ma wed cal Exam	Completed	15. Dacedant's Ed (Spacify only highast gra	lucation da complatad)	18a. De	cedant's Usua iva kind of wor	l Occup	ation during most	t of working	1	16b. Kind of B	usiness/inc	dustry	
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of He of He rothe		20a. Mathod of Disposition	Domeyal from State	20b. Placa of Dicamatary,	sposition (Nameramatory or or	na of thar plac	ca)	Da	ata 2	20c. Location	- City or To	wn, Stata	
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permit. Peges 1 en Department of Heal Important: if item 2 uny injury or other otte.		21. Signatura of Funeral Sarvica Licansaa 22. Nama and Addrass of Facility Bruzdzinski Funeral Home P.A.											
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ding th. After fune	tlon	1 Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Y	aar) 28b. Time Injur	y M	Bc. injun Worl	γat ∢? Yas 2□N		Dascribe nov	w Injury occur	red		
i or Attending Physicien: after death. Director: After this certific I in by the funeral director,	Certification:	3 Suicida 6 Could not be datarmined	28a. Placa of Injury building, atc. (5	- At homa, farm, Specify)				28f. L	ocation (Stre City or Town,		per or Rural	Routa Number,	
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Peter N	edical	(Check only 2 Medical Exam	ner: On the basis of axi and manner stated	amination and/or	Invastigation,	in my o	olnion, daati	h occurred at	tha tima, da	ta and place,	and dua to	tha causa(s)	
₽ B B	2	29b. Signatura and titla of certifiar			29c.	Licans	number			d. Data stgne			
		Culelle				-24	38946-	823	/	APRIL	10,19	97	
		30. Nama and address of person who c	omplated causa of deat	h (Itam 23a) (Typ	e, Print)	11							
Sta	te	31. Data filed (Month, Day, Year)	A Pagistar's	Signaturen =	MACIAL I	1405	PITAL						
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State of Maryland / Department of Health and Mental Hy

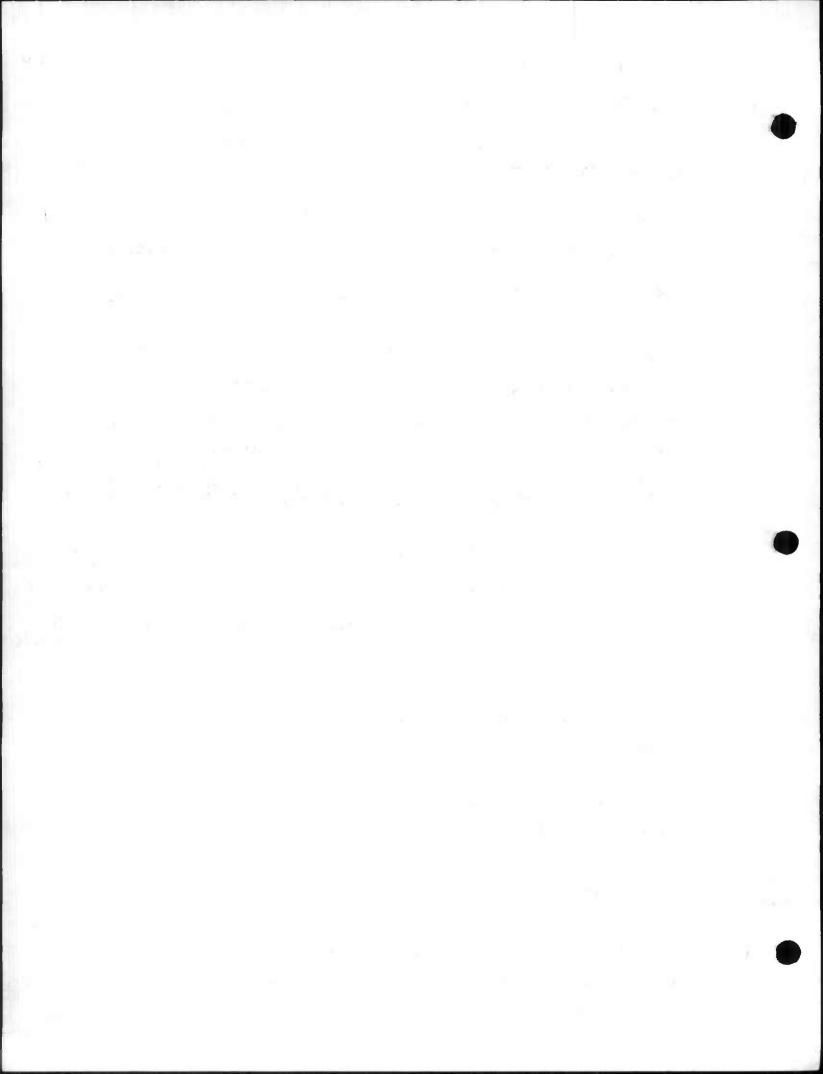
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Item6 4-11-97 FilmG746 W.H.Per F/H

Certificate of Death

and Mental Hygiena. Is marked other than "natural", or Items 23e or 28e-f show Line Medical Evanimer must be notified at Loans To Be Completed by Funeral Director	5. Social Security Number 220-74-4393 Usual Residence of Decedent 10a. State 10b. County MD N 10e. Street and Number 1016 CHERRY H 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest green Elementery/Secondary (0-12) 12th	ive street end number) OSPITAL Sex 7. Age (In yr. 38) 10c. 0 11LL RD 12. Was Decedent Ever in Armed Forces? 1 Ryes 2 No 19 if 9s, Give Year or Dates: 81 Education rade completed) College (1-4or 5+) N/A SOMERY	S. last birthday Yrs. City, Town or L U.S. 13. 78 –	months Days ocation BA: 10f. Zip Code 2 1 Was Decedent of If Yes, specify Cul 1 Yes, specify Cul 2 exide of work done DO NOT use retire	LTO 225 Hispanic Origin? (Span, Mexican, Puer or Specify:	8. Be of Birth Month, Day JUNE 22	Day Year 10 4. County of Dee N/A	10d. Inside City Limite Thiplace (State or Foreign 10d. Inside City Limite Fountry? Foreign Forei	
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유토		20b.		osition (Name of ematory or other pla			20c. Location - City or		
t: H is				N FORES		APRIL	L		
njur	21. Signature of Fyneral Service Lice	-		2. Name and Addr		17, 97	, 97 OWINGS MILLS, M		
Department of important: if any injury or once.	The Square of Third and Square Election	Charles	- 1		BE		ERAL HOM		
	23a. Part1. Enter the disease, or con shock, or heart failure. List only	nollcations that caused the de						Approximate Interval Between	
n and iel-transit aujums Examiner	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	PREUN	(or as a conse	equence of):				16 HOUR 24 HOU	
nding physicia use es the bur n/Medicai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest		ED (or as e conse		NU-DE	FICIENI	zy syn	DROME YEA	
sici	Part II. Other significant conditions	contributing to death but not re	sulting in the	underlying cause g	iven in Part I.	23b. Did tol	bacco use contribut	te to the cause of deat	
signed by the etterd be detached for detached for detached for detached by Physician	END STAC	1 □ Ye	● 2□ No 3☐	robably 4 Unkno					
2 shou	HYPERTENS	MOH				24e. Was an perform		Were autopsy findings available prior to completion of cause of death?	
com						1 □ Ye	s 2 THO	1 ☐ Yes 2 ☐ No	
P 8 I	25. Was case referred to medical examiner?	Name to the				eth (Check only one	3)		
T digi	1 Yes 2 No		☐ ER/Outpatie	nt 3LI DOA			nce 6 Other (Spe	ecify)	
unar on:	27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. Time o	of 28c. Inju	ury at ork?	28d. Describe ho	w injury occurred		
the fu	2 ☐ Accident investigation			M 1	Yes 2 No		1.00		
in by	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, farm, st	reet, factory, offica		28f. Location (Str City or Town,	eet and Number or F , State)	łural Route Number,	
Funer Funer Ical	29a. Certifier 1 ☐ Certifying Pl (Check only one) 2 ☐ Medical Exa	hysician: To the best of my kr miner: On the basis of examin and manner stated.	nowledge, deat nation and/or in	th occurred at the to estigation, in my	ime, date and place opinion, death occi	a, and due to the ca urred at the time, da	use(s) and menner a ite and place, end du	is stated. e to the ceuse(s)	
within 2 To the complete	29b. Signature and title of certifier			29c. Licen	se number	29	d. Date signed (Mon	ith, Dey, Yeer)	
1)	A I Can all los	25 A. MIN	ice acc	Dieto A C	DUILI	14-25	10-21	15 1000	
/X/	30. Name and address of person who				24410	4-23	mi ic) 1971	
V	MAD DELLA D	IN ITO A DOOL			MATTI		100-0 11	200-1	
XX	30. Name and address of person who		em 23a) (Type,	Print)		14-25	ARBOR H	USPITAL	

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** , 1997 4:00 AM APRIL OSEDA itwin /Medical 4a. Fecility Name If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** City Memorial Baltimore Union HESPita) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Months Days Hours Min. March 31,1920 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthpiace (State or Foreign Country) **Funeral** X M 20 F Months New York 055-16-5281 Yrs. 77 Director Usuai Residence of Decedent death with the Maryland 10a State 10b. County show 10c. City. Town or Location 10d. Inside City Limits the Medical Examiner must be notified at MD Baltimore Catonsville 1 ☐ Yes 2 No Director 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 1205 Redcliffe Road 21228 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give or items Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: 2 3 ☐ Widowed 4 ☐ Divorced White 'natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Chemist Manufacturing Saltimore, Maryland 17. Fether'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be permit. Pages 1 and 2 should be 1
Department of Health and Mental +
important: If item 27 is marked out
eny injury or other trainment. Pages 1 and 2 should be nent of Health and Mental Peter Litwin Mary Barenko 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1205 Redcliffe Rd. Catonsville, MD 21228 Date 20c. Location - City of Town, State Annette Litwin/spouse 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 1X Buriai 2 ☐ Cremetion 3 ☐ Removal from State St. John's Cemetery 4/11/97 Ellicott City, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses
George E. MacNabb MacNabb Funeral Home, P.A. 301 Frederick Rd. Baltimore, MD 21228 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final ASPIRATION PNEUMONIA 24 HOURS disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner CONGESTINE HEART FAILURE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760, nding physician CEREBROVASCULAR ACCIDEN 8 Physician/Medicai 2 Due to (or es a consequence of): certificate The law requires that the death isign of Vital Records, P.O. Part ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? B 1 Yes 2 No 3 Probably 4 Nnknown paudie by 24b. Were autopsy findings eveilebie prior to completion of cause of death? Completed 24a. Was an autopsy certificate 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA After this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred pding 5 Pending Investigation 1 Netural death. 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide Funeral 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. Medical (Check only within 24 To the Fu one) 29b. Signature and tale of certifier 29c. License number 29d. Dete signed (Month, Day, Year) completed cause of death (item 23a) (Type, Print) K. Kassis Union Memoral Hospita / 201 E. Valversity Pkny Baltamere, MB 21218 / conurch who Dandson Randell 31. Dete filed (Month, Day, Year) State APR 11 Registrar

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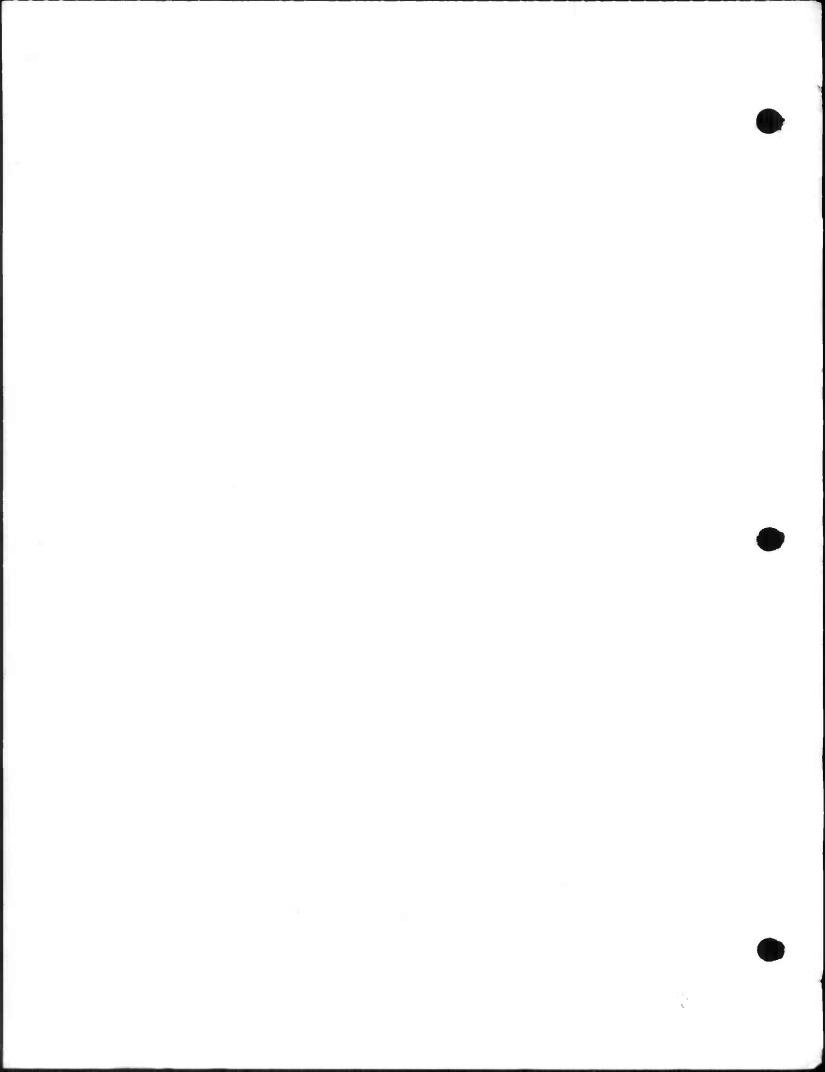
DIVISION OF VITAL RECORDS, P.O. BOX 6

IN THE HERTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE HUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI REG. NO					
7	1. DECEDENT'S NAME (First, Middle, Last)	B. LE	GARE		2. DATE OF DEATH MONTH	PAY 97				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In y		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIFTTH (Month, Day, Year)	<u> </u>	IRTHPLACE (State or Foreign			
	1712	M 2 3 F 8	5 YRS.	THE DAYS HOURS MIN.	12/15/1	3 8	AIRMONT, W. VA			
8	90. FACILITY NAME (If not institution, give street	and number)	96.	CITY, TOWN OR LOCATION OF	DEATH	A A IA	ARUNDEL			
5	RESIDENCE OF DECEDENT		4	EVENIVA F		Privive	TRUNDEL			
DIRECTOR	100. STATE 10b. COUNTY	E ARUNDE		WHOR LOCATION EVERUA PA	NV		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	- MANDE		10f. ZIP CODE	141	10g. CITIZEN	1 ES 2 □ NO OF WHAT COUNTRY?			
FUNERAL	210 MALIE	AVE.		21140	<u> </u>	L	1.5.A.			
	11. MARITAL STATUS 12 1 Never Merried 2 Merried		NO	13. WAS DECENDENT OF HISP. It yee, specify Cuben, Maxie	can, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.			
ВУ	3 N Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	5	1 TYES 2 NO Spec	city:		WHITE			
Ë	15. OECEDENT'S EDUCATI (Specify only highest grade con	npleted)	DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BI	JSINESS/INDUST	RY.			
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	11	DAKEL	ρω	NHOP	1 <i>E</i>			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11-		AME (First, Middle, Maide					
BE	190. INFORMANT'S NAME (Type/Print)	WARD BA	HEL	MAL	DE MAE	MORI	2N			
유	JACKIE LE	CHEE	210 M	RESS (Street and Number or Rura	FUFEA	wn, State, Zip Code	2/146			
	20e. METHOD OF DISPOSITION	from State 20b. PL	ACE AND DATE OF DE	SPOSITION (Name of	ADDITS 20c. L	OCATION — City	or Town, State			
- 1	1 Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)		Termetor or other p		1499 FT	PIRMON	JT; W.VA.			
	21. SIGNAL SERVICE LICE	About	20	22. NAME AND ADDRESS OF F	ELL. 28	19 402	SON ST			
_	23. PART I. Enter the diseasea, or com	injections that caused the	a death. Do not a	ONTHE T	BA	CTIMO!	E, MO ZIEX			
	ahock, or haert fallure. List	only one ceuse on sech	line.	mer the mode of dying, au	ch ss cerdiac or res	oratory arrest,	Approximate interval Between Onset and Death			
	disease or condition reaulting in deeth)	KI	DNEY	CANCER	2		7 urs			
ſ		DUE TO (OR AS A CO	INSEQUENCE OF):				J			
NO.	Sequentisliy list conditions, if sny, laeding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury C									
TIE	CAUSE (Disease of Injury that initiated events resulting in death) LAST									
	d									
CAL	PART II. Other significent conditions co	antributing to deeth but of	not resulting in th	e underlying cause given in	PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Ē					1 TYES	2 NO	OMPLETION OF CAUSE OF DEATH?			
≥ Z	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF I	DEATH YES [□ NO ☑ UNCERTA	IN 🗆		1 TYES 2 NO			
PHYSICIAN: MEDIC		OSPITAL:	PLACE OF DEATH (C	heck only one) HER:						
HYS	1 YES 2 NO 1 [Inpatient 2 ER/Outpatie		Nursing Home 5 Residence	6 Other (Specify) 26d. DE\$CRIBE HOW	IN HIRT OCCUPE				
BY PI	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	200. DESCRIBE HOW	INJUNT OCCURE	·			
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — building, atc. (Specify)	At home, term, atreet	, tectory, office	26f. LOCATION (Street City or Town, Stell	and Number or Ru	ral Route Number,			
COMPLETE										
MP	(Check only 1 CERTIFYING PHYSICIAN			the time, date and piece, end du my opinion, death occured at th						
	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU		29d. DATE SIG				
O BE	- rewr	oll, Mi)	D16	354	▶ 03	NED (Month Day, Year)			
오	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	ERD Suite 30	A Augus		2/4/21			
	ENSER W. COLE	A PEGINTRAME PICHATO		E NY JUINE 36	טארטאח טו	MI MD	21401			
i	APR 11 1997 0	Co-100 to con (1000 and)	nde adminis							



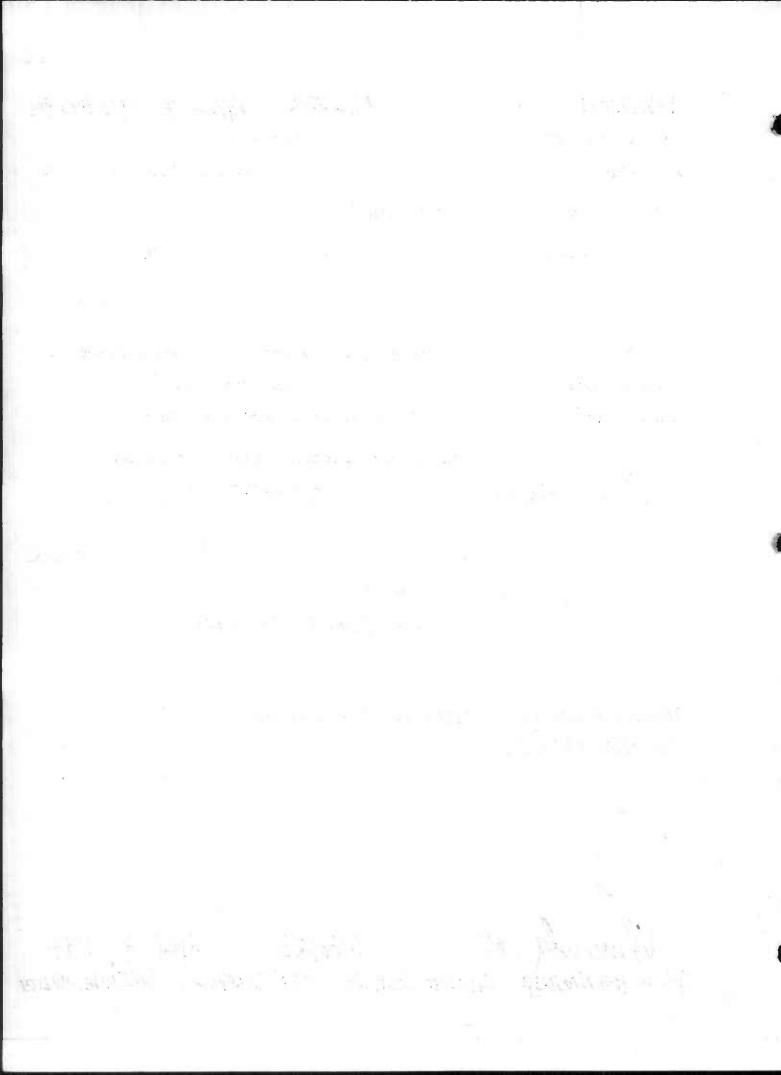
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State of Maryland / Department of Health and Mental Hygiene 97 | 1016

					Certificate o			Reg. No.	
Physic /Medi		1. Decedent's Neme (First, Midd BEATRICE	e, Lasi) Ethel	-52	Mil	LER	2. Date of D	Peath Day	3. Time of Dea 7:45 A
Exami		4a. Facility Name (If not institution Church Hospi		er)		Balt:	or Location of Dea IMORE	N,	/A
Funeral Director		5. Social Sacurity Number 210–24–5166 Usual Residence of Decedent	6. Sex 1□ M 2 F 7.	Age (In yrs. last b	virthday) If Under 1 Ya. Months Day		lin. 8. Data of B (Month, I) DeC • 2	Per Year 1916	9. Birthplaca (State or For Country) Pennsylvania
a-f show	tor	10a. State 10b. County Wir			wn or Location Lzabeth				10d. Inside City Li
23a or 28	al Director	10e. Street and Number 21 Senior Squ	are		10f. Zip Code	26143		10g. Citizen of V	Vhat Country?
natural", or items 23a or 28a-f show cical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Mar 3 Widowed 4 Divorced	If Yes Give	s? X No	13. Was Decadent of If Yes, specify Control of Yes 2 🖾 N		(Specify Yes or Nerto Rican, atc.)	Io- 14. Rac Blac Specify	e - Amarican Indian, ck, White, etc.
than	Completed		t's Education st greda completed) College (1-4c	or 5+)	a. Decedent's Usuel Occ (Give kind of work don life. DO NOT usa reti	ne during most of t red)			e Casket Co.
d other	To Be C	17. Father's Name (First, Middle, Ambrose Houp	Last)			18. Mother's I	Name (First, Middle Ca Mae Fa	e, Meiden Sumen	
7 is m traum	19a. Informant's Name/Relationship (Type, Print) Joan E. Hunt 19b. Malling Address (Street end Num Rt. 1, Box 91, I			et end Number or	Rural Route Num	ber, City or Town,			
Department of Health mportant: If Item 27 any Injury or other transce.		20a. Method of Disposition 1 Burial 2 X Crametion 4 Donation 5 Other (S		te cemete	of Disposition (Neme of ery, cremetory or other p n Mount Crei		Date 4/9/97	20c. Location -	City or Town, State
tificate be axecuted g physician end as the bunal-transit as the bunal-transit		23a. Part Enter the disease, or hook, or heart failure List	0	ed tha daath. Do	ALTENBURG 6009 Hars	Eord Rd., ying, such as card	Baltimo	ore, MD	21214 Approximate Interval Betwee Onset and Dec
ng physician end s as the buñal-transit	n/Medical Examiner	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or es e	consequenca of):	RT F	FAI LURE	E	UNKNOW
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ata has been signed by the attending physician end paga 2 should be deteched for use as the bunat-transit	Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that infliated events resulting in death) Last Part II. Other significant conditions are supported by the conditions of the	c. COI d. COI ME JOUNT MELLITUS	Due to (or as a Due to (or a) Due to	consequence of): Consequence of): Consequence of): In the underlying cause	given in Part I. LEVSU	23b. Dic 1 = 24a. Wa peri	d tobacco use con Yes 2 No s an autopsy formed?	UNKNOU UNKNOU UNKNOU UNKNOU 24b. Wera autopsy find available prior to completion of caus of death? 1 Yes 2 P No
ts been signed by the attending physician end 2 should be deteched for use as the burial-transit	: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions.	b. DE c. COI d	Due to (or as a Due to (or a) Due to (or as a Due to (or a) Due to (or	consequence of): I VE HEA consequence of): In the underlying cause Hype unutpetient 3□ DOA Time of Injury 28c. In Injury	26. Place of to there: 4 \(\) Nursing lury at cork?	23b. Dic 1 24a. Wa peri 24a. Wa 24a.	d tobacco use co	antribute to the cause of c 3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yes 2 P No er (Specify)
After this cartificate has been signed by the attending physician end theretal director, paga 2 should be deteched for use as the bural-transit	o Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions are sufficiently in the conditions of the cond	b. DE c. COI d. Dear a contributing to death SE SOUNT SELL TVS Hospital: 1 Supparation for the lined 28e. Placa of building, general physical	Due to (or as a Due to (or a))))))))))))))))))))))))))))))))))))	consequence of): I VE HEA consequence of): In the underlying cause Hype tutpetient 3 DOA Time of Injury M 1	26. Place of I 26. Place of I Other: 4 Nursing lury at lork? Yes 2 No e	23b. Dic 1 24a. Wa perl 1 Death (Check only g Home 5 Res 28d. Describe 28f. Location City or To	d tobacco use con Yes 2 No s an autopsy formed? Yes 2 No one) sidenca 6 Oth how injury occuri (Street end Numb	antribute to the cause of competition of cause of death? 1

State Registrar

DHMH 16 Rev 6/95



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Item 23a,27	, 28abcdef PEr	State of Marylar MEO Film G747 5-8-97 r	nd / Department of Health and Cartificate of Death	Mental Hygiene	97	110					
			Certificate of Death	Reg. No.							
Physician	Decedent's Name (First,	Middle, Last)	McCIII.I.OIIGH	2. Dete of Deeth A Manth T. Paro	19499	3. Time of Death 6:30 Al					

Physician	
/Medical	
Examiner	

Director

Funeral

Director with the Marylend 3a or 28a-f show at be notified at

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15-0	i within 72 hours lena. r than "natural", the Medical Ex	Completed	15. Decedent's En (Specify only highest gre	ducation ade com <i>pleted)</i>		16e. Decedent'	s Usuel (Occupation done during most of w retired)	orking	16b
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Balti	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licer	Ross	5		me end			FUNI BAL
	Physician /Medical Examiner		23e. Pert1. Enter the diseese, or com shock, or heert teilure. List only Immediate Ceuse (Final diseese or condition			. Do not enter th			ac or respireto	ry errest,
		Examiner	resulting in death) Sequentially list conditions, if you held in the homodists	b		es e consequen	1			
P.O. Box 68760,	certificate nding phys usa as the	Physician/Medical E	if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	c	oue to (or	es e consequenc	e of):			
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(Hosp Hospy	edical	29a. Certifier 1☐ Certifying Ph (Check only one)	yelcien: To the best of niner: On the basis of e end menner stet	examinati	rledge, deeth occ on end/or investi	urred et i getion, In	the time, dete end plea my opinion, deeth occ	e, end due to	the ceus
'		M	29b. Signeture end title of certifier	1 1	4	,	29c. L	icense number		29d.

6:30 AM JAMES 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE JOHNS HOPKINS HOSPITAL n/a 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. North, Deys Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) 1**]**☑ M 2□ F 218-46-6272 Yrs. 47 DEC 21, 1949 MD Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MDN/a balto Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U . S . A .

14. Race - American Indien,
Black, White, etc. Specify:BLACK b. Kind of Business/Industry ONSTRUCTION CO den Sumeme) ity or Town, Stete, Zip Code) 21213 c. Location - City or Town, Stete ALTO, MD ERALHOME TO, MD 21213 Approximete Intervei Between Onset end Death cco use contribute to the cause of death? 2□ No 3□ Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? utopsy 2 No 1 Yes 2□ No e 6 Other (Specify) njury occurred IGESTED DRUGS AND ALCOHOL t end Number or Rural Route Number, tete) 1722 E. PRESTON STREET MARYLAND e(s) end menner es steted. and plece, end due to the ceuse(s) Date signed (Month, Dey, Year) 30. Name end eddless of person who completed cause of deeth (Item 23e) (Type, Print) O.C.M.E. APRIL 09,1997

111 Penn Street, Baltimore, Maryland 21201 Stephen Radentz, M.D. 82 Pagintar's Signethin

State Registrar

31. Date filed (Month, Day, Yeer)

State of Maryland / Department of Health and Mental Hygiene Q 7

Decoderate Name Price Notices Aside							Certi	ficate of	Death	Re	g. No.	1	1101	0
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200. Signature and title of certifier 200. Signature and address of person who completed cause of death (Itam 23a) (Type, Print) MESILUAM 11 Certifying Physician: To the basis of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated. 200. Signature and title of certifier 201. Data signed (Month, Day, Year) 202. Licansa number 203. Data signed (Month, Day, Year) 204. Cartifying Physician: To the basis of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated. 205. Signature and title of certifier 206. Signature and title of certifier 207. Licansa number 208. Data signed (Month, Day, Year) 208. Name and address of person who completed cause of death (Itam 23a) (Type, Print) 208. Signature and title of certifier 209. Data signed (Month, Day, Year)	nois	Affection	ation:	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day		njury			28d. Dascribe ho	w Injury occur	red		
29c. Licansa number 29d. Daia signed (Month, Day, Year) 30. Name and address of person who completed cause of daath (Itam 23a) (Type, Print) DEL MESILULAM (147 S HANOVER 9T GALT MD 20270 State 31. Data filed (Month, Day, Year) > 12. Registrar's Signature	DIVIS	tal or Ath	Certific		Zoa. Placa of Inju	iry - At homa, fe :. (Specify)	rm, straat,	factory, offica		28f. Location (Str City or Town,	eet and Numb Stata)	er or Rural	Routa Number,	
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30. Name and address of person who completed cause of daath (Itam 23a) (Type, Print) DEL MESILULAN ILY? S. HANOVER ST. BALT. M.D. 2(230) State 31. Data filed (Month, Day, Year) ~ 12. Registrar's Signature		of the state of th		- ["	and mannar sta	.ted.		29c Licans	sa number	20	d. Daia signa	d (Month I	Day, Year)	
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State 31. Data filed (Month, Day, Year) - 12 Hegistrar's Signature	,	a		30 Name and addrage of parent who	2020	ath /item 02=1 (Tuno Del-				('	147		
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		Sta	te			n's Signature		- 616 7	1 77	1-17				

DHMH 16 Ray 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death MEADE APRIL GORDON 10 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth RANDALLSTOWN BALTIMORE HOSPITAL NORTHWEST CENTER If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) 1 1 M 2 □ F Yrs. 214-22-8595 72 West Virginia Usual Residence of Deceden 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Randallstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3306 South Chapman Road 21133 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) City Wide Management Carpenter 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Grover Meade Ethe1 Walker 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3306 South Chapman Road Randallstown, MD Mrs. Opal Meade 21133 (Wife) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Mem. Park 4/12 Sykesville, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility
Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23a. Pe .f. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on such line. Approximete intervel Between Onset end Deeth · ACUTE MYOCARDIAL INFARCTION Immediate Ceuse (Finel diseese or condition resulting in death) Due to (or es e consequence of):
WITH PUMP FAILURE Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Was en eutopsy performed? 24b. Were sutopsy findings eveilable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 22 No 1 Propatient 2 ER/Outpetient 3 DOA 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred

attending physician end for use es the buriei-transit After this certificate has

P.O. Box 6876

Division of Vital Records.

Physician

/Medical

Examiner

Physician

/Medical

Examiner

Director

Funeral

à

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours eftar death with the Maryland Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avant, the Medical Examinal must be notified at once.

Baltimore, Maryland 21215-0020

Physician/Medical by Completed Be 2 Certification:

Medical

25. Wes cese referred to medical

27. Menner of Deeth 1 Naturel
2 Accident 3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

1 Yes 2 No

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29a. Certifier (Check only onel

1 Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner stated.

29b. Signeture and title of certifier

29c. License number 37333

29d. Date signed (Month, Dey, Year) APRIL 9, 199

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Neme end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

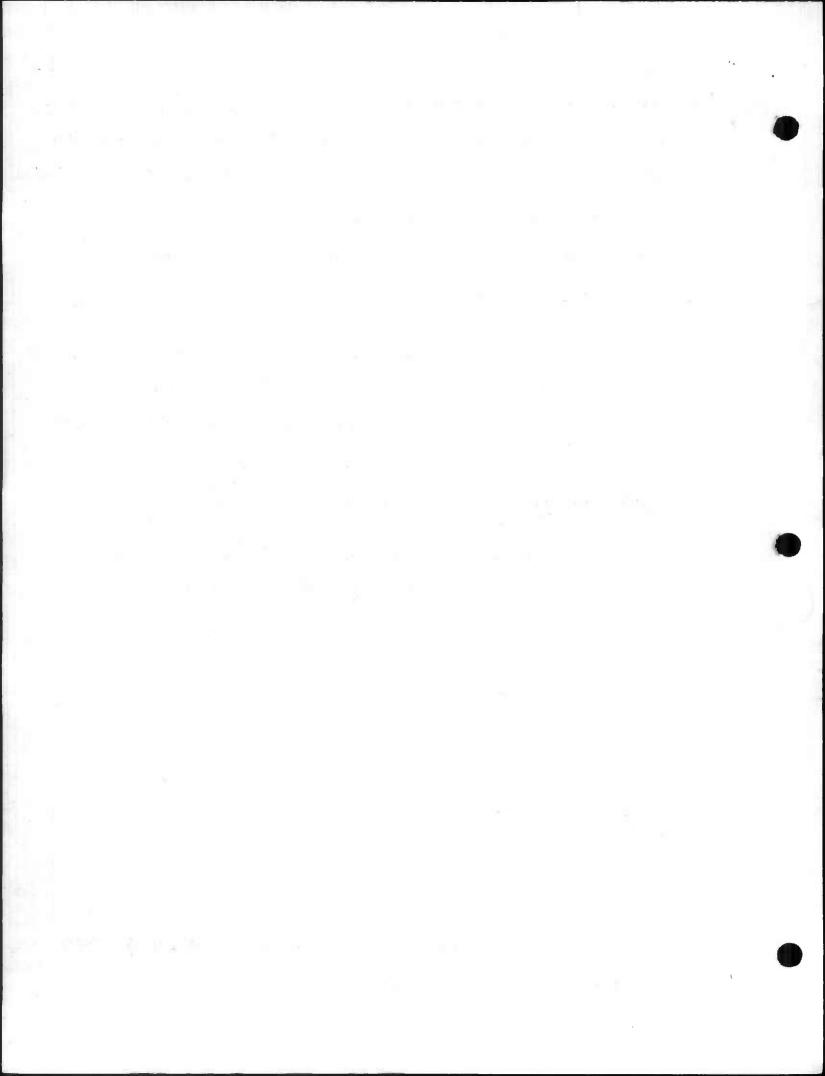
MO, NHC, RALTO. MD 21133

· NAVI Lulia 32 Day a gar's Sipper House 31. Dete filed (Month, Day, Year) APR 11 1997

State Registrar

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To the Hospital or Attending Pr within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral

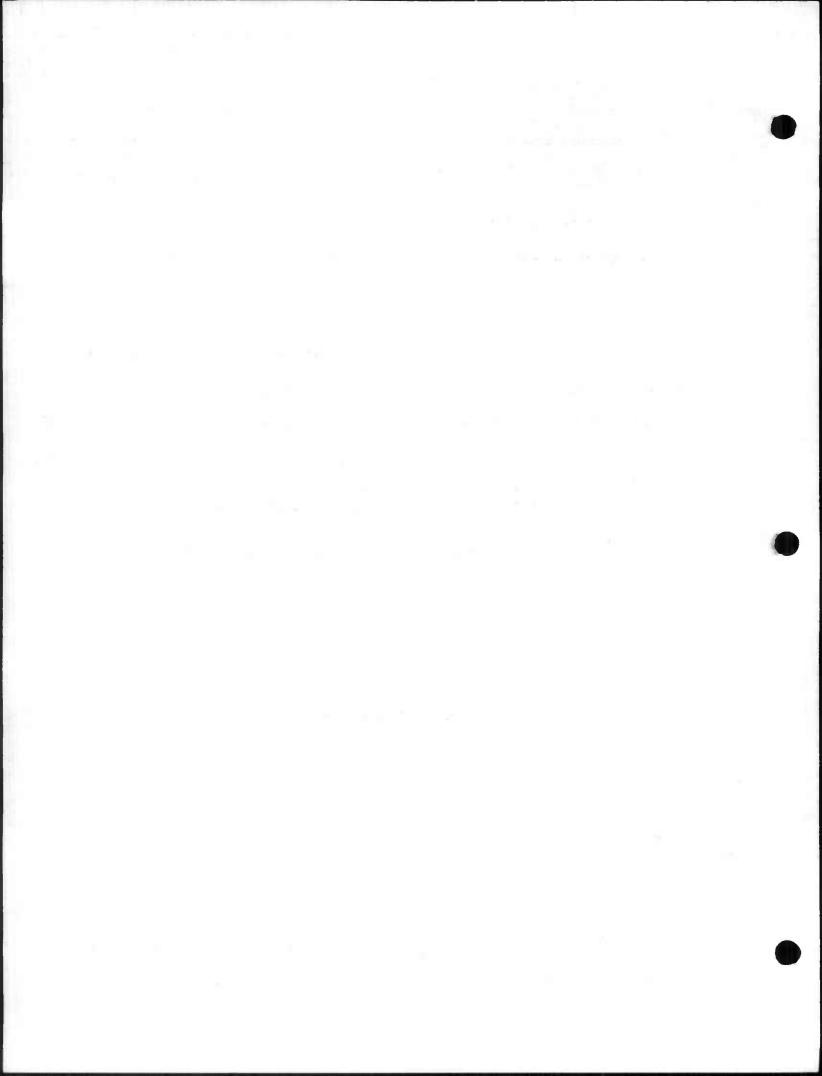


State of Maryland / Department of Health and Mental Hygiene

11020

						Cer	tificate	of	Death			R	eg. No.		11020
Physic /Medi		1. Decedent's Nema (First, Mi Mary E. Ni									2. Dete Mon Apri	of Deat	Dev	Yeer	3. Time of Death 9:30 p.r
Exami		4e. Fecility Neme (If not institu 704 Montgome			1,1			1	tb. City, To Laur		ocation o	Deeth	4c. Count		George
Funeral Director		5. Social Security Number 116-01-3387	6. Sex 1 ☐ M ¾ CX		ge (In yrs. lest 90	birthday) Yrs.	If Undar 1 Months	Yaar Deys	If Under Hours	24 Hrs. Min.	8. Data (Mor Feb.	of Birth oth, Dey, 14	Year) , 1907		placa (State or Foreig ntry) York
e Maryland la-f ahow	Director	Usual Residence of Dacedant 10a. State 10b. Cour MD Pr	ince Geor	ge	10c. City, To		cation					Ì		1	10d. Inside City Limit
世 28	Dire	10e. Street and Number					10f. Zip C	ode				1	0g. Citizan of	Whet Cou	ntry?
23a		704 Montgomer	y Street				2070)7					USA		
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d 2 should th and Mer 7 is marke traumatic		19e. Informant's Name/Relation		/N			-						City or Town		,
Heer other		Donald P. Kut: 20a. Method of Disposition 1 1 1 1 1 1 1 1 1 1 1 1 1			20b. Pleca ceme	of Dispos etery, crem	sition (Neme retory or other	of or pled	(e)	Str	Date		arel, N	-	and 20707 own, State
permit. Pages 1 er Department of Hee Important: If Item 2 any injury or other once.		4 Donation 5 Other 21. Signature of Funeral Service		0	ST.	22.	CEMET Name and Fleck	Addre	ss of Fecili	-	4/14		CAZENO	VIA,	NEW YORK
Medicate be associted with the confine the bright stream and make as the bright stream it is as as the bright stream it is a stream of the bright stream of	in/Medical Examiner	Immediate Ceuse (Final disease or condition rasulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Cause (Disease or Injury that initiated avents rasulting in deeth) Last	e b c		Dua to (or es	e conseque	uence of): uance of):	CA	R	ACE	31 DE	77			
net the death d by the atten detached for u	Physician	Part II. Other significent cond	tions contributing t							l.	231				o the cause of death
aw requiras the second signer of the second signer of the second signer of the second	Completed by				11/10	, c, t c				_	24e	. Wes e	n autopsy ned?	ev	fere eutopsy findings reileble prior to impletion of causa deeth?
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Physician: The this certificate and director, page	Be	25. Was case referred to medi examiner?								e of Deet	th (Check	only on	e)		
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moding P	Certification:	27. Menner of Deeth 1 Naturel 5 Pan 2 Accident Inva 3 Suicide 6 Cou	ding (A stigation	ete of Inju Nonth, Dej	ý Year)	o. Time of Injury	М		yat k? Yes 2□	No			w Injury occur		
officer death.		4 ☐ Homicida date	rmined 286. PI	allding, etc	ury - At home, c. (Specify)						City	or Town	, Stete)		al Route Number,
Fo the Hope within 24 o Fo the Fene completes to	Medical	(Check only 2 ☐ Medic one)		tha best of e basis of nenner ste	axaminetion	lga, daath end/or Inv	estigetion, in	my of	olnion, dee	nd place, oth occur	and dua red et the	time, de	ete end place,	and dua to	o the ceuse(s)
at at a second	~	29b. Signeture end title of certi	-4 h	h	n	0	29c. L	-	z-4	99.	7	25	9d. Data signe	10 19	
8		30. Name end eddress of person	ASAS	851	7 04	ERRY	1 LAN					us)	207	707	1714
Sta Registi		31. Dete filed (Month, Day, Yea	997	2 dadistra	ar Signature	-Rand	202								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 1 per MD DR. G-746 4-11-97 eoh Certificate of Death 1. Decedent's Neme (First, Middle, Last) C 2. Date of Deeth 3. Tima ot Deeth MOAN Month 12:45 AM CAROLINE Hori 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Manor Care-Ruxton Towson Baltimore Hours Min. 8. Dete of Birth (Month, Dey, Yea APR 12 19 5 Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Deys 1□M 2ÖKF Yrs 214-12-0718 Maryland Usual Residence of Decedent 10b. Count 10c. City, Town or Location 10d. inside City Limits MARYLAND BALTIMORE Lansdowne 1 ☐ Yes 2 K No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3210 Janice Avenue 21227 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 □ Married 1 ☐ Yes 2 🛣 No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 No Specify: White 3 ☑ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade com 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elamantary/Secondary (0-12) Cotlega (1-4or 5+) Seamstress Clothing Manufacturing 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middla, Maidan Surneme) KAROPCZYNSKI Peter Mary WONCZENSKI 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert A. Moan (son) 7900 Dunhill Village Baltimore, MD 21244 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removel from Stete Holy Trinity Russian Orth 4/7/97 Elkridge, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Addrass of Fecility HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229 23a. Pert1. Enter tha disease, or complications that caused tha deeth. Do not antar the mode of dying, such as cardiac or raspiretory errest, shock, or heart teilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth tmmediete Ceuse (Finet 1 aac disease or condition resulting in deeth) Due to (or es e consequence of) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? herosclerosis 1 ☐ Yes 2 ☐ No 3 ☐ Probably W Unknown 24a. Was en eutopsy performed?

Physician /Medicai Examiner

> bunial-transit and

ettanding physician for usa as tha buna

signed by t

pean paga 2

Aftar this cartificate

the Hospital or Attending Physician: Nn 24 hours after death. the Funeral Director: After this cartifica

• Funeral Dietely filled

Examiner

Physician/Medical

Completed

Be

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Certification:

Medical

Physician

/Medical

Examiner

Director

Funeral

by

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Funeral

Director

item 27 is marked other than "naturel", or items 23s or 28s-f show other traumetic event, the Medical Examiner mant be notified at

should be filed within 72 hours after and Mental Hygiana.

marked other than "natural", or Ital

permit. Pegas 1 and 2 should be flie Department of Health and Mental Hy Important: If Item 27 Is marked oth any Injury or other traumatic event

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

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Sequentially tist conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Diseese or trijury that initieted events resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting to the underlying cause givan in Part i.

24b. Wara autopsy findings evellebla prior to completion of cause of daath?

25. Wes case raterred to medicat 1 Yes 2 No

1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Data of Injury (Month, Dev Year) 28b. Time of

28e. Ptece of injury - At home, ferm, street, factory, office building, atc. (Specify)

26. Ptaca of Daath (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

SAMO

27. Mennar of Deeth 1 Naturei 2 Accidant

3 Suicide

4 Homicida

5 Panding Investigation 6 ☐ Could not be determined 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred

29e. Certifian

Cartifying Phyeician: To tha best of my knowledge, daeth occurred et the time, dete end piece, end due to the cause(s) end menner es stated. 2 Medical Examinar: On the basis of axamination end/or investigetion, in my opinion, deeth occurred at tha tima, data and ptece, end due to the causa(s) and menner stated.

29b. Signature and title of

7) - 12849

29d. Dete signed (Month, Dey, Year)

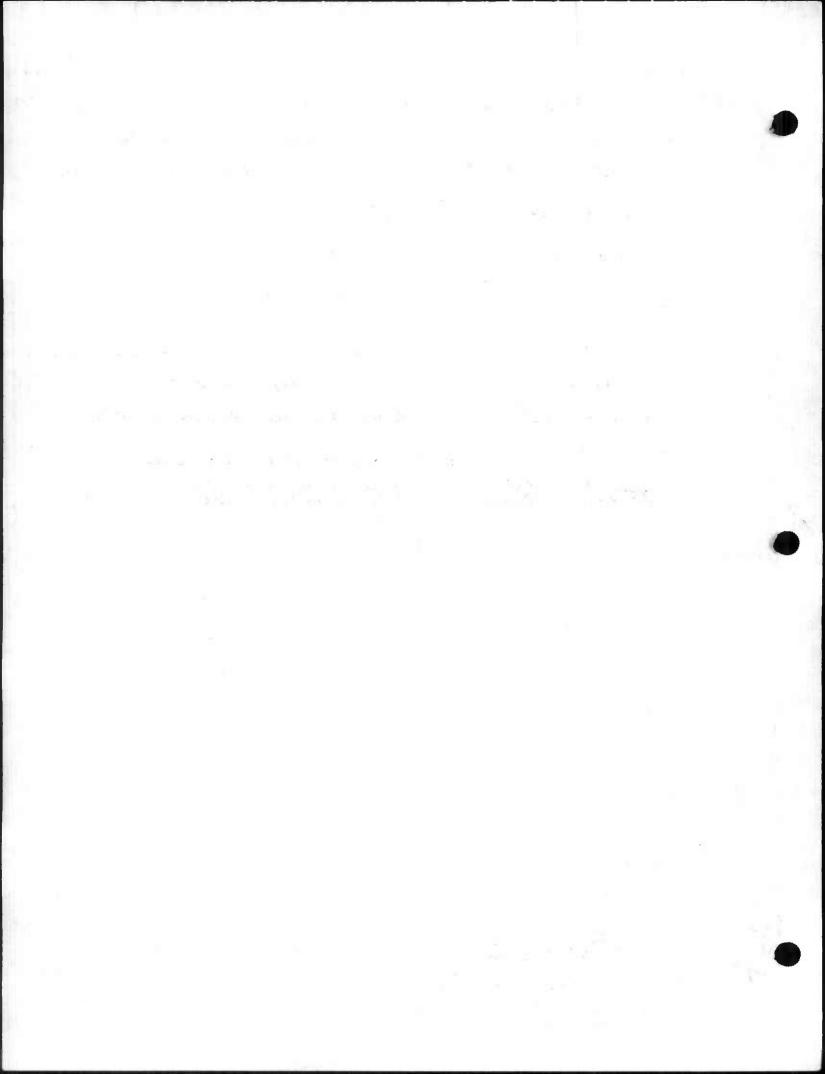
28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

State Registrar 31. Dete filed (Month, Day, Yaar)

1600 OSLER DRIVE TOWSON MD. 21204 Julia Davidson Fands

who completed causa of daeth (ttem 23e) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Physicia /Medic Examin	al
Funeral	

10a. State 28a-f show Examiner must be notified at Md. Director natural, or items 23a or Funeral 72 hours efter 21215-0020 by Completed al Hygiene. 12th Baltimore, Maryland Be Pages 1 end 2 should be nent of Health and Mental a marked permit. Pages 1 end 2: Department of Health ar Important: If Item 27 is eny Injury or other trau-**Physician** /Medical Examiner Examiner buniel-transit be exec 68760 Physician/Medical the t Box for P.0. 6 signed t Records, by Completed page 2 certificate Vital Be 10 of Certification: or Attanding Division 1 X Naturel s efter death. 2 Accident the 3 Sulcide by within 24 hours of To the Funeral I Hospital 29a. Certifier Medicai (Check only one) the State Registrar

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day Year April 09, Rosemarie NEIDHARDT 1997 12:25 A.M. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Franklin Square Hospital Center Rosedale Baltimore 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number If Under 24 Hrs. 8. Data of Birth Month, Day Year) June 10, 1919 9. Birthplace (Stata or Foreign 1□M 2□€ Maryland 77 Yrs. 213-01-4762 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Middle River Baltimore 1 ☐ Yes 2 XNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20 B Cedar Drive 21220 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2 XNo If Yes, Give Year or Datas: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 XNo Specify: Specify: White 3 N Widowad 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Clerica1 Hospital 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Frederick Buettner Lillian Rose 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 428 Philadelphia Road Joppa Md. 21085 Joan Neidhardt / daughter 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Gardens of Faith 4/11/97 4 ☐ Donation 5 ☐ Other (Specify) Rossville Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part1. Enter tha disease, or conshock, or heart failure. Little Approximate Intarval Between Onsat and Death Immediate Cause (Final Pneumonia disease or condition resulting in death) Due to (or es a consequence of): Carcinoma of the Lung Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as a consequence of). Part il. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☑ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Emphysema 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performad? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 21 No 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of example in and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner state. 29b. Signature and title o certifier 29c. License number 29d. Data signed (Month, Day, Yaar) April 9, 1997 30. Name and address of person who ise of death (Item 23a) (Type, Print) Martin Sheridan M.D. 6830 Hospital Drive #102 , Baltimore, Maryland

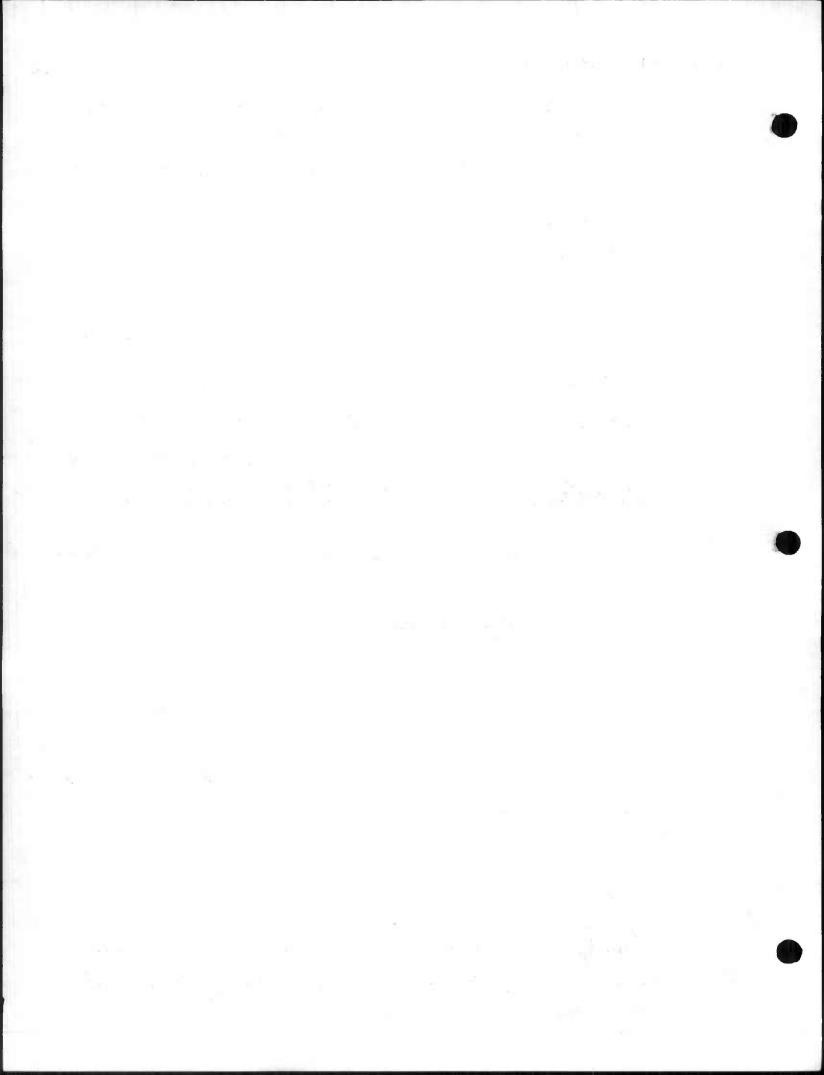
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State of Maryland / Department of Health and Mental Hygiene Iteml 4-11-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Dey Yeer ROBERT Jr. PIAZZA 1997 APRIL 04 06:00AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL N/A If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 8. Date of Birth (Month, Dev. Year) 9. Birthplece (Ste Sept. 26, 1929 MARY LAND 7. Age (In yrs. lest birthdey) 9. Birthplece (Stete or Foreign **Funeral** Days 1 M 2 F 215-22-7040 67 Yrs. Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits rail, or items 23a or 26a-f show Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Harkord Kingsville 10e. Street and Number 10g, Citizen of What Country? 2501 Whitt Road 21087 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Year or Detes: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours afternent of Heelth and Mentel Hygiene. 1 Never Married 2 Married 21215-0020 "natural", or 1 ☐ Yes 2 X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed th and Mantel Hygiene.
7 is marked other than "nature traumatic event, it a Mantel 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Self-Employed Elementery/Secondery (0-12) College (1-4or 5+) Lawyer Lawyer Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Robert S. Piazza Frances Cassinisi 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 s Department of Heelth er Important: if Item 27 is any Injury or other trau Judith Piazza 2501 Whitt Road, Kingsville, MD (wife) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cem. 4/7/97 Baltimore, Maryland 22. Name and Address of Fecility
Schimunek Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Ceuse (Finel 38 mo Acute Mylogenous Lenkemia disease or condition resulting In death) Examiner Examiner Renal Farlure the bunal-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that hitiated events resulting in deeth) Last Due to (or as e consequence of): P.O. Box 68760, Hopaki Facture Physician/Medical for use es Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco usa contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown signed b Records, þ 24b. Were eutopsy findings evallable prior to pege 2 should Be Completed 24e. Was en eutopsy performed? completion of cause of death? 1 Yes 2 □ No 1 ☐ Yes 2 No certificate of Vital or Attending Physician: director, 25. Was cese referred to medicel exeminer? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Medical Certification: To this 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division 5 Pending Investigation 1 Natural efter death. 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined In by t 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 15 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and plece, end due to the ceuse(s) and manner es steted.
2 Medicat Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete and pleca, end due to the ceuse(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of 29c. License number 29d. Dete signed (Month, Dey, Year) April 4, 1897 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) YAUL V. OIDONNELL Johns Hopkins Oncology Cenks, Baltimore MD. 31. Date filed (Month, Dey, Year) Registrer's Signature

Julia Savidson

DHMH 16 Rev 6/95

Registrar



			State of Maryla			Health and f Death			97	1024
		Decedent's Name (First, Middle, Let	est)	Oertin	icale of	Dealli	2. Dete of De	Reg. No.	3	Time of Death
Phys		EDWARD	PETERS				Month	Day	Year	
/Med Exam		4a. Facility Name (If not Institution, git	re street and number)			4b. City, Town, o	MARCI r Location of Deat			052AM
LAGII	111161	1101 ST.PAUI		.#709		BALTIM	ORE	1	1/1	
Funera	al				Under 1 Yea	ar If Under 24 Hr	S. 8. Dete of Bir	th Voort	9. Birthplace	(State or Foreign
Directo	_	100-38-9285	1XM 20 F 45	Yrs.	onths Day	s Hours Mir	Month, De	1952	BROCK	YN, N.
pue »		Usual Residence of Decedent 10a. State 10b. County	1 10c C	ity, Town or Location	NA)		
Aaryle F sho	5		1	ALTIME						nside City Llmits Yes 2□ No
the A	Director	10e. Street and Number	/1 U		Of. Zip Code			10g. Citizen of		7
Ind 21215-0020 be filed within 72 hours efter death with the Manylend lat hygiene. d other than "natural", or items 23a or 28e-f show event, the Medical Exerciset must be notified at			Dall ST		91	201		4.4	S - A -	
Jeath Tre 2:	Funeral	11. Marital Status	12. Was Decedent Ever In I	U.S. 13. Was	Decedent of	f Hispanic Origin? (Specify Yes or No	-	ce - American Ir	ndian.
offer of the state	Fur	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No	If Ye	s, specify Cu	ıban, Mexican, Pue	rto Rican, etc.)		ck, White, etc.	
OURS OURS	by	3 ☐ Widowed 4 Divorced	If Yes, Give Year or Dates:	1 🗆 '	Yes 2 N	o Specify:		Specif	WHi	TE
21215-002Cd within 72 hours of piene.	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	16a. Decedent'	s Usual Occi	upation ne during most of w	orkina	16b. Kind of B	usiness/Industr	у
Vithin New Year	mple	Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO I	VOT use retir	red)	9	1	7	_
d billing v		17. Father's Name (First, Middle, Last	1	OW	NER	T	and Cine Added		MAUN	/
Maryland 2 d 2 should be filed th and Mental Hygin 7.1s marked other traumatic event, 1	Be	~ ?	TELS SR.			10. Mother's Na	ame (First, Middle,	Maiden Sumer	1111/6	
should and Men	70	19e. Informant's Name/Relationship		19b Mailing A	ddress /Stre	et and Number or E	Iral Boute Numb	er City or Town	State Zin Con	(0)
		Josephine 1	ETERS	452	524	DO TE	3000K2	W. W	V. 11	220
ges 1 and tof Health If Itam 27 or other to		20a. Method of Disposition		Placa of Disposition cometery, cremato	n (Name of	inen)	Date	20c. Location	City or Town,	State
Baltimore, Permit. Peges 1 er Depertment of Hee mportant: if Item 2		1 Burial 2 Cremation 3 C	Removel from State		055 (IM.	1000	Rem	(Va)	U.V.
Baltimo permit. Peg Depertment Important: It any Injury o	ė l	21. Signature of Europeal Service Libe				lress of Facility	0820	Munch	72	1
n ales		Inmea).	Stand	1.	ARDI	A FH.	2017	MUDO	7.7	7:1
		23a. Pert1. Enter the disease of com shock, or heart feilure. List only	plications that caused the dea	th. Do not enter th	e mode of dy	ylng, such as cardi	ac or respiratory a	red.	Apr	proximete
Physician	_	Street, or treatment and only							Ons	erval Between set and Death
/Medica Examine		Immediate Cause (Final disease or condition	· Allerosc	brohz	lur	dions	ular	disea	se	
		resulting In death)		or as a consequen					1	
led nsit	Examiner		b						+	
60, be executed sician end buriel-transit	хаг	Sequentially list conditions, if any, leading to immediate	Due to (or as e consequenc	ce of):					
8/60 sete be e shysiciar the buri	dicai	cause. Enter Underlying Cause (Disease or Injury that initiated events	C	ed Cillian second					i	
death certificete e ettending physis	1 0	resulting In death) Lest	Due to (or as a consequenc	e of):				- !	
BOX 6 eath certific ettending p	Z		d				<u> </u>			
death death of for	Physician/M	Pert II. Other significent conditions of	ontributing to death but not re	sulting in the under	vina cause d	given in Pert I.	23b. Did	lobacco uea co	ntribute to the	ceuse of death?
res that the designed by the e	Phy		•		, - 5	,				√ Unknow
ords, Frequires that	þ									
HECOTOR	Completed						24a. Was	en autopsy rmed?	aveilab	utopsy findings le prior to
	nple								of deat	tion of cause h?
= ± 5 8	Co						1月2	res 2□No	1 7e	s 2 No
on of Vital Rec	Be	25. Was case referred to medical exeminer?	Upperitoli				eath (Check only o	one)		
- S S	2	M∑X/es 2 No 27. Menner of Death			L DOW		Home 5 Resi			
Affer funer	tion	1 Metural 5 ☐ Pending	(Month, Day Year)	28b. Time of Injury	28c. inj	ork? ☐ Yes 2 ☐ No	28d. Describe	now Injury occur	red	
DIVISION or Attending efter death. Director: Afte	fica	3 Suicide 6 Could not b					28f. Location (Street and Numi	ber or Rural Ro	ute Number
din b	Certification:	4 ☐ Homicide determined	building, etc. (Speci	ify)	y, omot	-	City or To	vn, State)		
JIVISION OF TO THE HOSPITAL OF Attending Property of the Transport of Tra		29a. Certifier 1 Certifying Ph	yalclen: To the best of my known	owledge, death occ	urred at the	time, date end place	e, and due to the	cause(s) and m	anner as stated	
724 Pe Fu	edicai	(Check only one) Medical Exer	niner: On the basis of examination and manner stated.	ation and/or Investig	getion, in my	opinion, deeth occ	urred at the time,	date and plece,	end due to the	cause(s)
COMP	Σ	29b. Signature end title of certifier	140/1			nse number		29d. Date signe		
N /			7/ 2/		0.	C.M.E		APRI	L 1, 1	99/

State Registrar APR 11 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signature

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

3. Time of Deeth

3:55 P.M.

10d. Inside City Limits

Approximate Intervel Between Onset and Death

30 minutes

1 ☐ Yes 2 No

Certificate of Death 1. Decadent's Neme (First, Middla, Last) 2. Data of Deeth **Physician** April 7,1997 PAKASKI /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale
If Undar 24 Hrs. Baltimore If Under 1 Yaar 8. Data of Birth May 18, 1922 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Deys Hours Min. 1**X** M 2□ F 218-36-6023 74 Yrs. Maryland Director Usuel Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mayical Examinat must be not led at Md. Baltimore Director Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1403 Evergreen Lane 21221 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black White etc 72 hours efter 1 M Yes 2 □ No If Yes, Give Yaar or Detes: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 2 No Specify: à Specify: White 3 Widowed 4 Divorced Completed 16e. Decadent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Dacadent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry ifiled within 7: Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Farmer Farm 6th 17. Father's Name (First, Middle, Last) . Pages 1 end 2 should be fill ment of Health end Mental H; tant: If Nem 27 is marked oth 18. Mother's Neme (First, Middle, Meiden Surneme) Be Adam Pakaski ပ Catherine Dora 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) John Pakaski /nephew 1211 Old Eastern Ave. Baltimore Md. 21221 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete Burlal 2 Cremetion 3 Ramoval from Stete 6 permit. Page Depertment of Important: If any Injury or Holly Hill Cemetery 4/11/97 Baltimore Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetura of Funerel Servica Licansas 22. Nama and Address of Fecility Connelly Funeral Home of Essex 300 Mace AVe. Baltimore Md. muell 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one eause on eech line. **Physiclan** /Medical immediate Ceuse (Final disease or condition resulting In deeth) e. Hypoxemia **Examiner** Due to (or es e consequence of)

Cardiac arrest

Examiner Physician/Medical by Be Completed Certification: To

edical (

bunel-transit

80 for use es

end

physiclan s the buriel

3 signed I

page 2 : certificate

After death. d in by the

Mospital or At 24 hours efter of To the Hospital o within 24 hours eff To the Funerel DI completely filled in

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

Division of Vital Attanding Physician: Sequentially list conditions, if eny, leeding to Immadiete cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in deeth) Lest

Due to (or es e consequence of) Chronic obstructive pulmonary disease (advanced) Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death?

				1 Yas 2 No	3 Probably 4 Unknown
				24a. Wes an eutopsy performed?	24b. Were eutopsy findings eveileble prior to completion of causa of deeth?
				1□ Yas 2XNo	1 ☐ Yes 2 ☐ No
25. Wes case referred to medical			26. Place of De	eeth (Check only one)	
exeminer? 1 ☐ Yes 2 Й No	Hospitel: 1 inpatient 2	ER/Outpetlent 3□	DOA Other: 4 Nursing	Homa 5 ☐ Residenca 6 ☐ Oth	nar (Specify)
27. Menner of Deeth 1 ☒ Neturel 5 ☐ Pending 2 ☐ Accident investigetio	28e. Dete of Injury (Month, Dey Year)	28b. Time of injury	28c. Injury et Work?	28d. Describe how injury occur	
3 ☐ Sulcide 6 ☐ Could not be determined		ome, farm, street, fect	ory, offica	28f. Location (Street end Numb City or Town, State)	ber or Rural Route Number,
29e. Certifier Check only	ysician: To the best of my kno niner: On the basis of exemine	owledge, deeth occurre	ed et the time, dete end pled on, in my opinion, deeth occ	ce, end due to the ceuse(s) end mo curred et the time, dete and plece,	enner as steted. and due to the ceuse(s)

State Registrar

29d. Data signed (Month, Dey, Year)

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) KHIN -M. TUN.

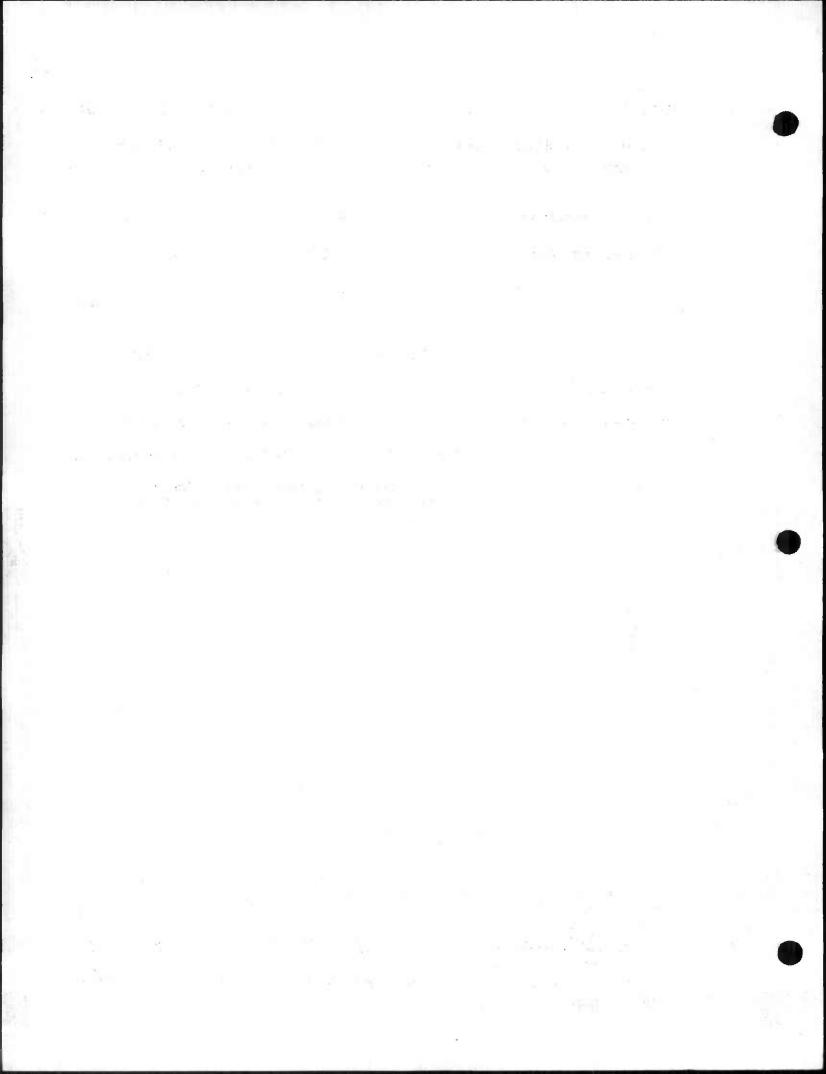
AVENUE. TOWSON Md 21286. 1006 TAYLOR

D-17992.

29c. License number

29b. Signature and titia of certific

32. Ragistrar's Signature



		State of Maryland / Department of Health and Maryland / Certificate of Death			7 11026
		Dacedant's Nama (First, Middle, Last)	2. Dete of Dec	Reg. No.	3. Tima of Death
Physic /Medi	cal	KATHRYN M. PICKLE 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or L	Month April		10:23PM
Exami	ner		ocation of Death		
F	-	St. Joseph's Medical Center Towson 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs.	8. Data of Birt		imore
Funerai Director		230-16-7137 1 M 2 M F 80 Yrs. Months Deys Hours Min.	8. Data of Birt (Month, De Aug. 30	7, Year) 1916	9. Birthplace (Stete or Foreign Country) Roanoke, VA.
		Usual Rasidanca of Dacedant	nog.oo	,1010	noanoke, va.
death with the Maryland		10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits
within 72 hours after death with the Marylar iene. "naturel", or leams 23e or 28e-f show it a Mou cel Examinat must be notified as	Directo	Maryland Baltimore Kingsville		1-B-116	1 ☐ Yas 2 🔀 No
or 2	Dire	10e. Street and Number 10f. Zip Coda		10g. Citizan of V	Vhet Country?
ath wi		7428 Milado Drive 21087		U.S.	
Items Items	Funeral	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Sp. If Yas, specify Cuban, Maxican, Puerto	pacify Yas or No- Rican, etc.)	14. Rac Blac	a - Amarican Indian, ck, Whita, atc.
within 72 hours after ene. then "naturel", or Ite	by F	1 □ Navar Married 2 □ Married 1 □ Yas 2 ☒ No II Yas, Giva 1 □ Yes 2 ☒ No Specify: Yaar or Dates:		Specify	1.16-2-4
72 hours "natural",		15. Dacedent's Education 16a. Dacadant's Usual Occupation		16h Kind at Bu	White usiness/Industry
in 72	Completed	(Specify only highest grade completed) (Give kind of work done during most of work	king	TOD. KING OF DE	asing samuasily
withir liene.	шо	Elementary/Secondary (0-12) College (1-4or 5+) Homemaker		Home	
tal Hygid d other event,	Be C	17. Father's Nama (First, Middle, Last) 18. Mothar's Nam	a (First, Middle,		10)
should be of Mental marked o	To E	Marvin Masincup Pearl E	Bush		
d 2 should be filed with the and Mental Hygiene. 7 is marked other than traumatic event, the traumatic event, the traumatic event.		19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rus		r, City or Town,	State, Zip Code)
PEAS		Mrs. Earlene M. Youngworth 12126 Jerusalem Road	Kingsv	ille, M	d. 21087
of Heal of Heal item 2 r other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata	Data	20c. Location -	City or Town, Stata
Peges nent of I ant: If ite ury or o		4 Donation 5 Other (Specify) Gardens of Faith April 1	1,1997	Baltimo	re,Maryland
permit. Peg Department Important: I any Injury o		21. Signatura of Funaral Sarvice Licensee 22. Nama end Address of Facility E. F. Lassahn Fune:	nol Home		
20 = 20		E. T. Bassahr 11750 Belair Road			laryland 21087
		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.	or respiratory ar	rast,	Approximate Interval Between
ate be executed shysician and the bunal-transit	dicai Examiner	resulting in death) a. Ua to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated awants rasulting in death) Last Dua to (or es e consequence of):			> loyear
t the death certific by the ettending p teched for use es	Physiclan/Me	d Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.		obacco uae co ∕es 2□ No	ntributa to the cause of death
been sign should be	Completed by		24a. Was perfo	an autopsy rmed?	24b. Ware autopsy tindings available prior to completion of causa of death?
0 - 0	EO		101	es 2 No	1 Yas 2 No
	Bec	25. Was casa referred to madical 26. Piaca of Dea	th (Check only o	ne)	
0 0	To	axaminar / Hospital: Other	oma 5 Rasio		ar (Specify)
	ü	27. Manner of Daath 1 ☐ Natural 5 ☐ Panding 28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury (Month, Dey Year) 28b. Tima of Injury Work?	28d. Dascribe h	now injury occur	red
Attending ir death. Pctor: After by the fune	cat	2 Accidant investigation M 1 Yas 2 No			
	Certificati	datarmined datarmined datarmined datarmined building, atc. (Specify)	28t. Location (S City or Tox	Street end Numb vn, State)	er or Rurel Route Number,
ours fille fille	edical Ce	29a. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and manner states. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occur and manner states.			
To the Hos within 24 h To the Fun completely	Me.	29b. Signatura end titla groantijer		29d. Date signe	d (Month, Dey, Year)
210) /Mal/ 1//// 1/272/		4-8	
9 110		30. Nama and address of person large completed with a death (them 23a) (Type, Print)		4-0	11
		7600 OSler Mie Siste 203			
Sta	te	31. Date filed (Month, Day, Yeer) APR 1 1997 32. Registrar's Gignatura APR 1 1997			
Registi		APR I I 1991 gula Davidson-Mandalle			

DHMH 16 Rev 6/95

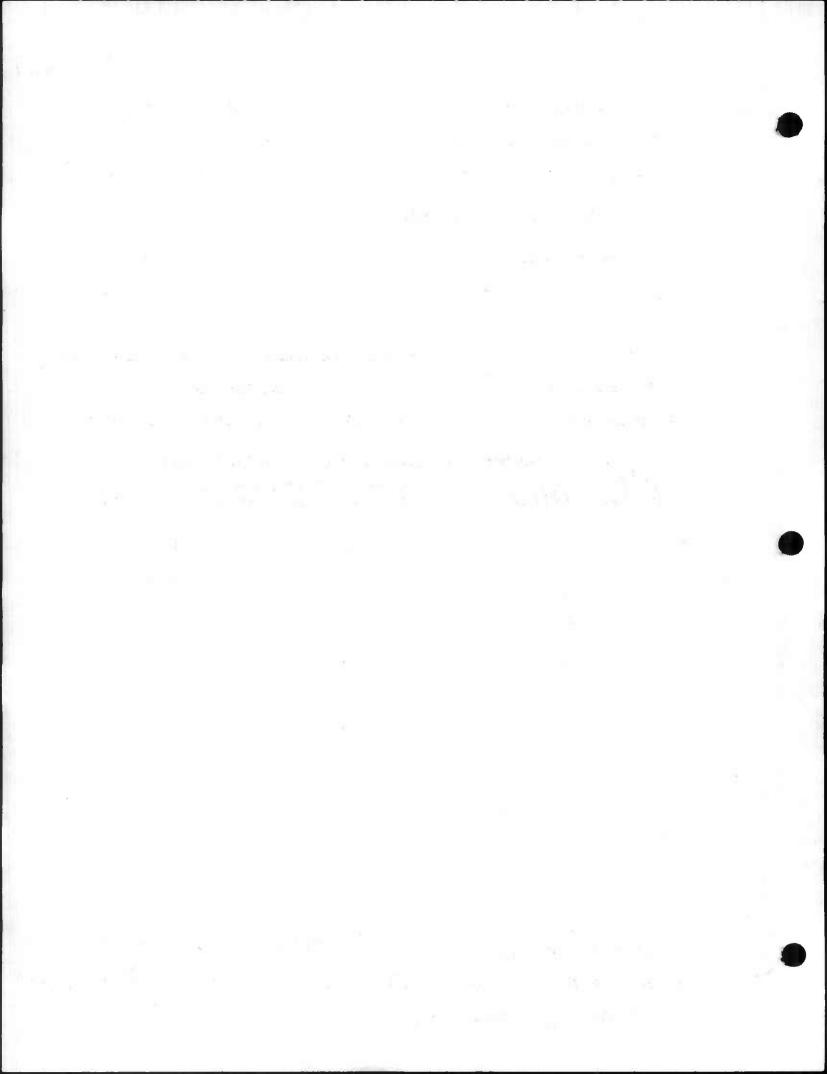
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month APRIL Dey LEO THOMAS 9 1997 6:07 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Undar 1 Yaar 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Days 1 X M 2 □ F **Vrs** Director 218-48-2801 Sicily July 23, 1947 Usual Residence of Decedant the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside Clty Limits items 23a or 28a-f show ner must be notified at Baltimore Baltimore 1 ☐ Yes 2X No Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 2908 Hillcrest Ave. 21234 USA filed within 72 hours after death Funeral 12. Was Decedant Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxicen, Puerto Rican, atc.) Rece - American Indian, Black, Whita, etc. traumatic event, the Medical Examiner 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 21215-0020 ò 1 ☐ Yas 2 No Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural". 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 8 Carpenter/Cabinetmaker Enoch Pratt Library other Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) . Pages 1 and 2 should be fill iment of Health end Mental H. lant: if itam 27 is marked oth 18. Mother's Neme (First, Middle, Melden Sumeme) Joseph Restivo Linda Benvenuto 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) out of Health en at: If item 27 is a vor other Linda Restivo 2908 Hillcrest Ave., Baltimore, MD 21234 20e. Method of Disposition 20b. Placa of Disposition (Neme of cematary, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Department of Important: If any injury or 4 Donetion 5 MOther (Spacify)Entombment Parkwood Cemetery 4/12/97 Baltimore, MD 21. Signeture of Funaral Service Licensea 22. Name and Address of Fecility ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD Part. Enter the disagree, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical Examiner or Attending Physician: The lew requires that the death certificate be asscuted bunal-trensit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated avents resulting in death) Last pue P.O. Box 68760, signed by the attending physician d be detached for use as the buna Physician/Medical Dua to (or as e consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. λq Completed 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Wes en autopsy performed? peen After this certificata 1 Yes 2 12 No 1 Yes 2 100 Be 25. Wes case referred to medical 28. Pleca of Deeth (Check only one) 2 1 Yes 2 No 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No deeth. 2 Accident after deeth Director: in by the 3 ☐ SuicIde 6 Could not be determined 28e. Place of Injury - At homa, ferm, street, fectory, offica bullding, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral D 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted. Medical 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signature and Rite of certifie 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Charles St Ste 203 31. Dete filed (Month, Day, Year) -32. Registrer's Signature State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 1 per DR. R.B G-746 4-11-97 eoh Certificate of Death 1. Decedent's Neme (First, Middle, Last) JOHNNIE RHINEHART 2. Data of Death Month 1759 ohnnie hinchart 1997 April 4a. Facility Name (If not institution, giva street and number). 4b. City, Town, or Location of Death 4c. County of Death Baltimore Church Home Hospital H Undar 24 Hrs. Hours Min. APril 6, F12 4 5. Sociei Security Number If Undar 1 Yaar Birthplaca (Steta or Foreign Country) 6. Sax 7. Age (In yrs. last birthday) 1 M 2 F Months Deys 247-12-3831 72 Yrs. SC Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Boltimore Maryland 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? United States 2121 12. Was Decedant Evar in U.S. Armed Forces? Wes Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Yes 20 No If Yes, Give Yaar or Datas: 1 Nevar Married 2 Merried 1□ Yes 25 No Specify 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Unknown 18. Mother's Neme (First, Middle, Maiden Sumeme) Walter Khine has rebecca 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Khineha Batto, MD 2722 rster-in-law Auch antoroly 20b. Placa of Disposition (Neme of cematary, cremetory or other place) 20e. Method of Disposition Buriel 2 Cramation 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signature of Funarai Service Licansee 22. Nama and Addrass of Facility 270 Fredhilton Pass AL 23a. Pert1. Entar the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or raspiretory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death Immediata Ceuse (Finei disaase or condition resulting in death) cardiomyopathy 15 Chemic years Dua to (or es e consequence of): Coronary Due to (or es a consequence of) Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown failure renal 24e. Wes an autopay performed? 24b. Were autopsy findings available prior to completion of causa of death? 2 No 1 ☐ Yes 1 □ Yes 2 □ No

Physician /Medical Examiner

physician and the burial-transit

should I

To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

2

Certification:

Medical

Physician

/Medical

Examiner

10a. State

Director

Funeral

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Completed

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or thems 23s or 23s-f ahow any injury or other traumatic avant, the Medical Examiner must be notified at once.

3altimore, Maryland 21215-0020

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Wes casa referred to medical examiner?

26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Yes 2 No 27. Menner of Deeth

28a. Date of Injury (Month, Dey Year)

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of injury 28c. Injury et Work? 1 Yes 2 No

28d. Describe how Injury occurred

1 Neturel 2 ☐ Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined

Hospitel:

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifier

Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and dua to the cause(s) and menner es steted.

[2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.

29c. Licensa number

29b. Signatura and title of certifian

29d. Date signed (Month, Day, Year)

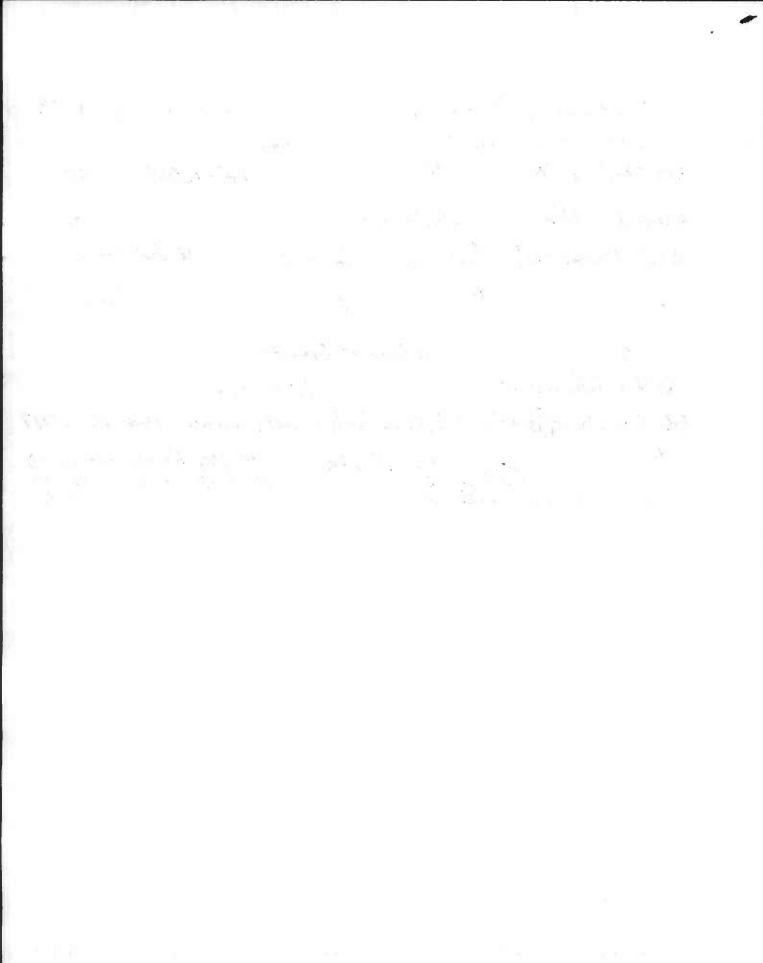
Kodney

1000 Kr M.0 043636

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

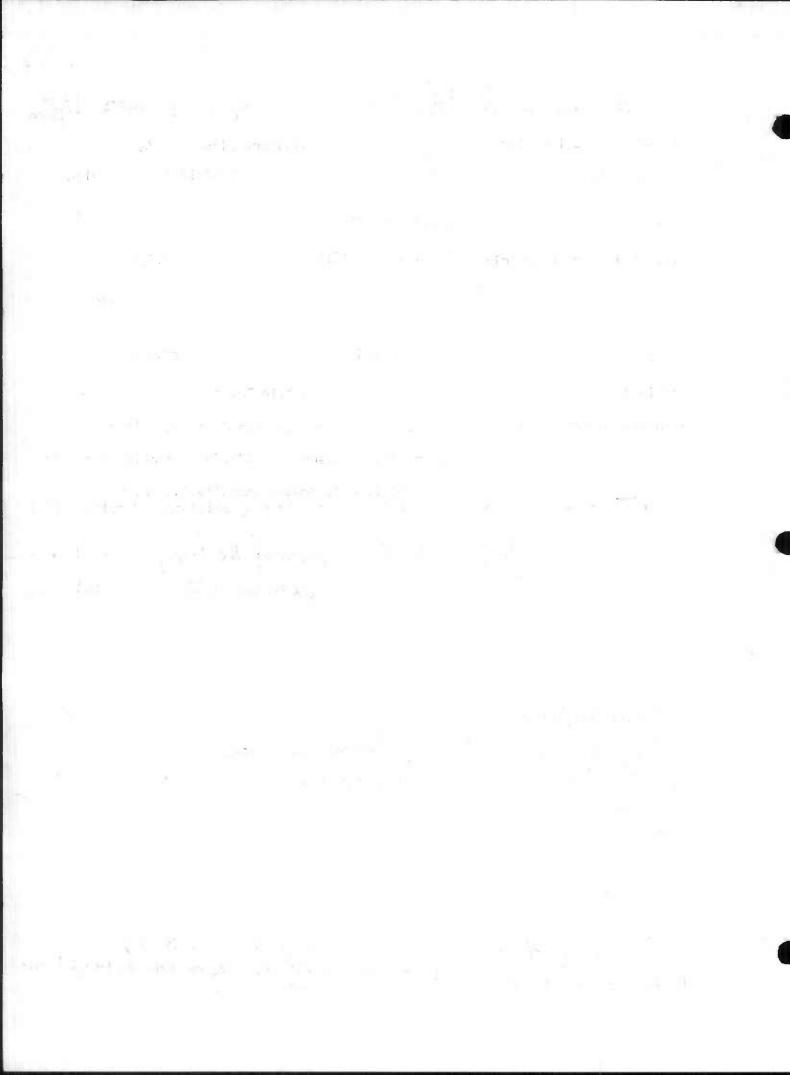
Rodne 2323 Orleans St. Ralto mD Brooks M,O 21224 31. Dete filed (Month, Dey Year)

State Registrar Sulla Daydon-Randell



State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Deeth 5:30pm WOOC 997 DR 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth 04 Baltimore Baltimore 6. Sex 10 (M 2□ F Security Number 38 - 409 If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security 7. Age (In yrs. last birthday) 8. Date of Birth 9. Birthplace (Stete or Foreign Country), Months Days 66 Yrs. North Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore RANdallstenn Mary land 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21133 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yas, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 1 No Specify. Specify: Plack 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working jifa. DO NOT use rajired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Self-Employed Mason 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maldan Surneme) Reid SAddler Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DAughter WAShington D.C. Reid 5/54 Paina 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stete Concord, N. C. 1 Burial 2 □ Cremation 3 □ Removal from State 4 Donation 5 Dother (Specify) Avenue 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility PAIKER 3512 Frederick & Daltimore, MD. 21229 23a. Part1. Entar the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or haart failure. List only one cause on aach line. Approximate Interval Between Onset and Death Immadiata Ceusa (Final diseasa or condition resulting in death) ean Due to (or as e consequence of) Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical **Examiner**

Physician

/Medical

Examiner

State

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner mant be notified at

Completed by Funeral Director

Be

the Maryland

filed within 72 hours after death

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene Important: if item 27 is marked other than any injury or other traumatic avans.

21215-0020

Baltimore, Maryland

687

Division of Vital or Attending Physician:

The law requires that the death certificat Records, P.O. Box

ata has been signed by page 2 should be detac

cartificata has

within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral di

the Hospital

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Completed

Be

Medical Certification: To

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. Were eutopsy findings evailable prior to complation of ceuse of death? 24e. Was an eutopsy performed?

1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No

25. Was case refarred to medical examiner?		26. Placa of Death (Check only one)									
1□ Yes 2 No	Hospital: 1 Inpatient 2	☐ ER/Outpatient	3□ DOA	Othar: 4 Nursing	Home 5 ☐ Rasidance	6 Othar (Specify)	Arsner)				
27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	12010	28b. Time of Injury	28c	Injury et Work? 1 ☐ Yas 2 ☐ No	28d. Describe how in	jury occurred					
3 Suicide 6 Could not determine		home, farm, stree	t, factory, o	offica	28f. Location (Street City or Town, Sta	and Number or Rural I	Route Number,				

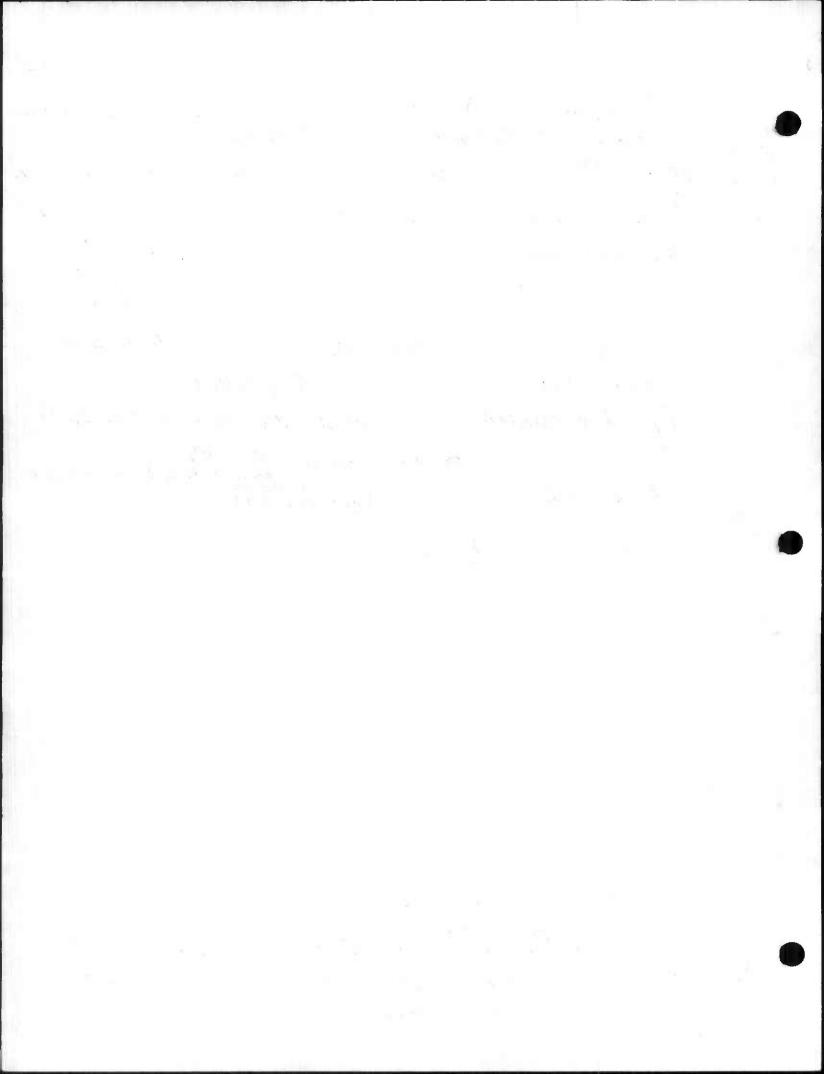
11 Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta and place, end due to the cause(s) and mannar as statad.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated, 29a. Certifier

29b. Signature and title of certif 29c. License number 29d. Date signed (Month, Dey, Year)

30. Nama and address N-Charles St. 31. Date filed (Month, Dey, Year)

State Registrar

32 Ragistrar's

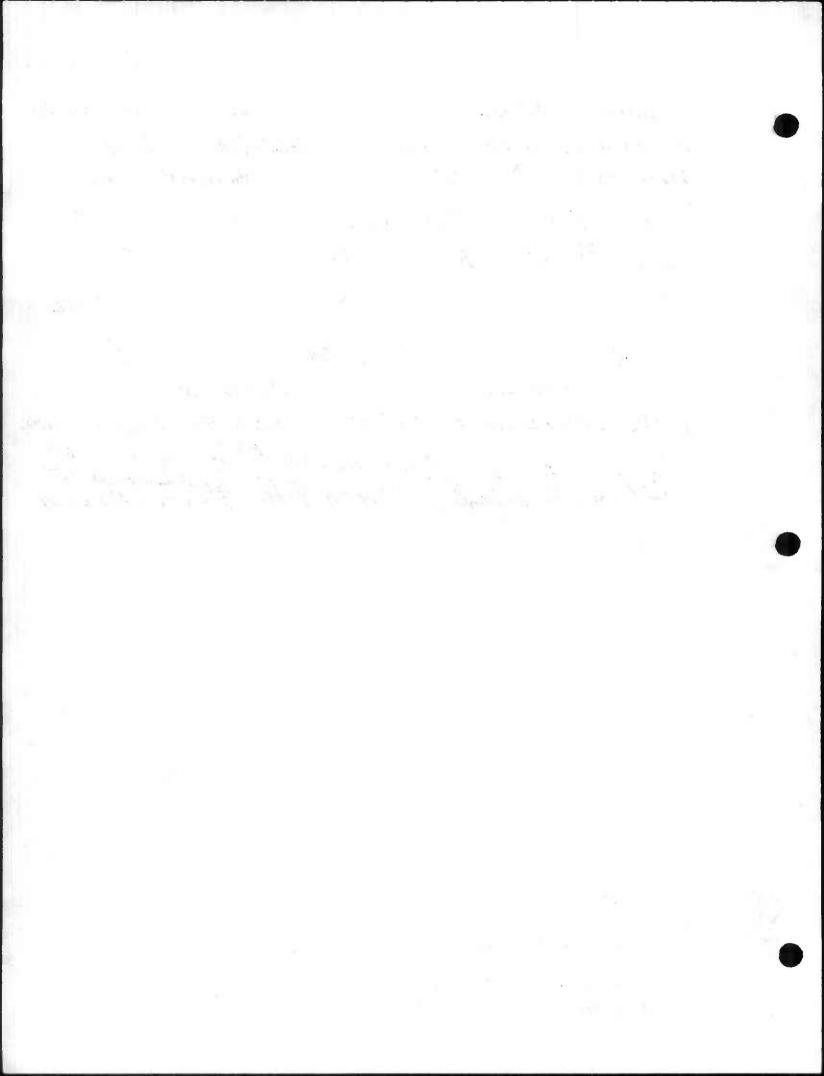


State of Maryland / Department of Health and Mental Hygiene

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Examine		4a. Facility Neme (If not institution, giv	a straat and number)		4b. City, Town	, or Location of Da			
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ıneral	7	5. Sociel Security Number 6. S	Sax 7. Aga (In yr.	s. last birthday) If Und	lar 1 Year If Undar 24	Hrs. 8. Data of E	Birth Day, Year)	Birthplaca (Steta or Forai
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al', or items 23a or 28a-f s Examiner must be notitied by Funeral Director	5	10e. Street end Numbar		101.	Zip Code		10g. Citizen of	What Country?	
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lterna (20	11. Maritel Status	12. Was Decedant Ever in	U,S. 13. Was Da	cedent of Hispenic Origin pecify Cuban, Mexican, I	? (Specify Yes or I	No- 14. Rad	ce - American Ind	ien,
Evament Evament By Fune	2	Naver Merried 2 Married	Armed Forcas? 1 Yes 2 No If Yes, Give			Puerto Hicen, atc.)	Bla	ck, Whita, atc.	
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d other than "natural", event, the wed cal Ex.	3	15. Decedent's Ed	ducation	16e. Decedant's U	sual Occupation	,	16b. Kind of B	usinass/Industry	1,-
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		23a. Part1. Enter the disease, or corn shock, or heart failure. List only	plications that caused the de-	yh. Do not enter the m	ode of dying, such as ca	rdiac or respiratory	arrest,	Appro	ximate al Between
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detached for u		artii. Ottior aigimioant conditions of	Shiributing to death but not re	solang in the underlying	Ceusa givan in Part I.				
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State of Maryland / Department of Health and Mental Hygiene 97

					Certifica	te of Death	R	eg. No.	111032
	Physici /Medio	cal	1. Decedent's Neme (First, Middle Last	1990/1		Ab Ciby Town	2. Dete of Dee Month	th Dey Y	3. Time of Death
	Examir Funeral Director	er	5. Social Security Number 6. Se 310 - 0.7 - 68/7	are Runda		r 1 Yeer If Under 24 Hi Deys Hours Mi		4c. County of 3 (1), Year) 9	Deeth Mil Mil
Maryland	H show	tor	Usuel Residence of Decedent 10e. Stete 10b. County MD. BALTIN	10c. Cit	ty, Town or Location	ISTON			10d. Inside City Limits 1 ☐ Yes 2 No
5-0020 72 hours efter death with the Maryland	at', or items 23s or 28s-f show Exerting mast be notified at	eral Director	10e. Street end Number	V RD. Wes Decedent Ever in U		21133		Og. Citizen of Who	5.A.
0020 lours efter d		d by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	If Yes, spe	dent of Hispenic Origin? city Cuben, Mexican, Pue	(Specny Yes of No- ento Rican, etc.)		American Indien, White, etc. BLif-CK
T. 5	Hygiene. ther then "natural", int, the Medical En-	Completed	15. Decedent's Edu (Specify only highest grad	cation le completed) College (1-4or 5+)	16a. Decedent's Usu (Give kind of w life. DO NOT	el Occupation ork done during most of wase retired) MAKEL	vorking	16b. Kind of Busin	Hame
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	f Haeith ei Item 27 le other trau		19e. Informent's Neme/Reletionship (T) ANTHUL DLAG 20e. Method of Disposition	EL-OFFICE 20b. F	19b. Meiling Address 19b. Meiling Address Pleca of Disposition (Necemberry, cremetory or property)	s (Street end Number or I	BALTO.	City or Town, Ste MD . 20c. Location - Cit	21202
Pag Pag	apartment or reportant: If ny injury or 1508.		1 Burial 2 Offermetion 3 F 4 Donetion 5 Other (Specify) 21. Signature of 5 heral Service Libers	Removel from Stete	ETRO C	PENATON and Address of Fecility	1997	BALTO.	CO MD.
ш д.	0548		23a. Pert1. Enter the disease, of compleshock, or heart feilure. List only of	iicetions thet caused the deat ne cause on each line.	th. Do not enter the mo	NDA F-H. de of dying, such es cardi	BALT iec or respiretory err	O.MD	2-/224 Approximete Intervel Between
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Hecords, P.O	Pee nou	Completed by	Ostrony	elites.			24a. Wes e perform		24b. Were eutopsy findings available prior to completion of cause of deeth?
Ital He	orificate ha	Be Com	25. Wes case referred to medical exeminer?			26. Plece of D	1 ☐ Ye		1 ☐ Yes 2 ☐ No
DIVISION Of Vital	in 4st notices are deed as the fine this certificate has to practice. After this certificate has to practice; filled in by the funeral director, page 2 s	ation: To	27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigation	1 Inpatient 2 28e. Dete of Injury (Month, Dey Year)	ER/Outpatient 3 D 28b. Time of Injury M	OA Other: 4 Nucsing 28c. Injury at Work? 1 Yes 2 No		ow injury occurred	(Specify)
DIVI:	To the Funeral Directo	al Certification:	3 Suicide 4 Homloide 6 Could not be determined	28e. Plece of Injury - At he building, etc. (Specify sician: To the best of my known and the bes	(y)		City or Town	n, Stete)	or Rural Route Number,
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)			30. Name end eddress of person who co	impleted cause of death (Item	n 23a) (Type, Print)	01272	3	april	9,1997
	Sta	te	31. Dete filed (Month, Dey, Year)	32: Registrar's Signe	1 C.P. 802	uberty	Plane	Mall Ka	Mallstown MI

97-1641-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Departi

ment of Health and Mer	ital Hygiene	9	7		0	3	3
ficate of Death	Reg. No.						_

Physicia /Medic Examin

Funeral

Director ns 23a or 28a-f show must be notified at

Baltimore, Maryland 21 permit. Pages 1 end 2 should be flied to Department of Health end Mental Highal Important: if Item 27 is marked other it any injury or other treumatic event the once.

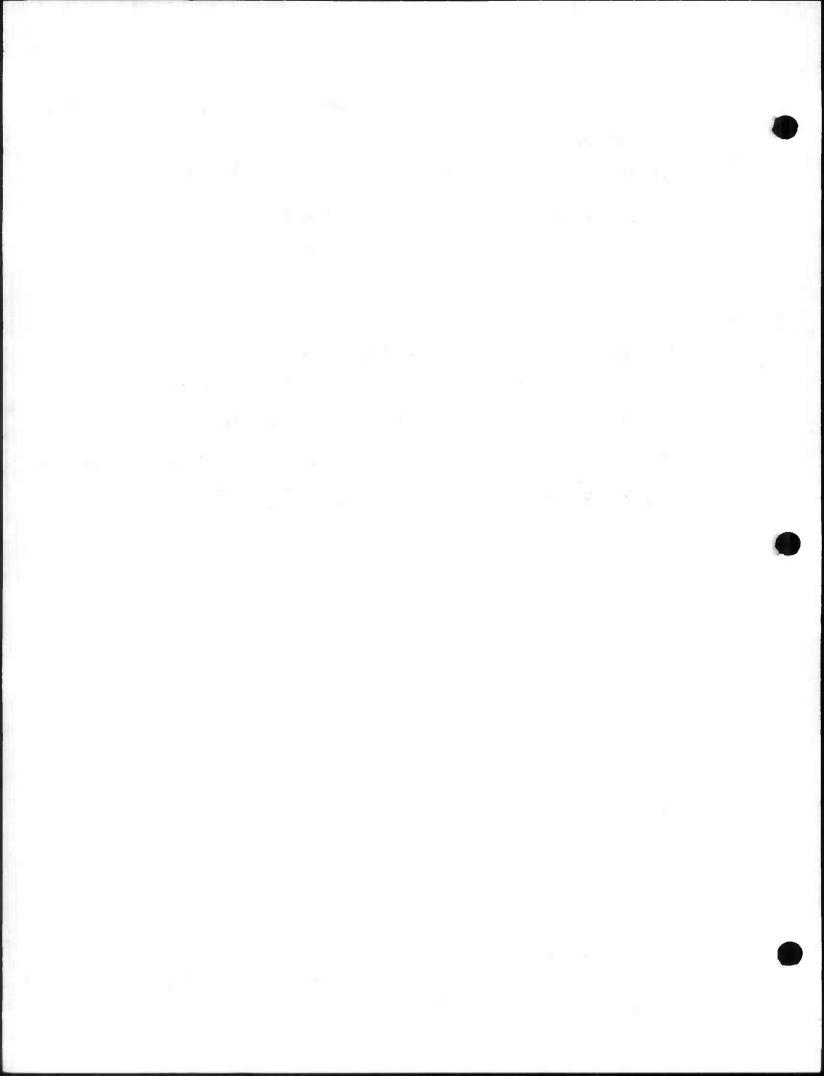
> Physician /Medical Examiner

ettending physician end of for use as the bunal-transit To the Hospital or Attending Physicien: The law requires that the death certificate be associted within 24 hours affar death.

To the Funeral Director: Affar this certificate has been signed by the ettending physician end completely filled in by the funeral director, paga 2 should be detached for use as the bunal-transit Division of Vital Records, P.O. Box 68760,

1. Decedent's Name (First, Middle, I	Last)								2. Date of De Month	eth Day	Year	3. Time of Death
AUGUST					SA	NTC	INC		APRIL	8	1997	8:33A.N
la. Facility Name (If not Institution, g		m <i>ber)</i>				4	b. City, To	wn, or Lo	cation of Death	4c. Co.	inty of Deal	
SHOCK TRAUMA	CENTER						BALT	OMI	RE		N/A	4
	Sex	7. Age (In		hday)	If Under	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bir	th Vest	9. Birt	hpiace (State or Forei
212-01-0906	1 ∑ M 2□F		85	Yrs.	MONITIS	Deys	Hours	IVIII I.	Oct. 1	5, 191	1 Ma	ryland
Usual Residence of Decedent												
10a. State 10b. County		10c.	City, Towr	or Loc								10d. Inside City Limit
Maryland Balti	more				В	alt	imore					1 □ Yes 2 \(\)(\)
10e. Street and Number					10f. Zip	Code				10g. Citizen	of What Co	ountry?
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11. Marital Status	12. Wes Dece	edent Ever i	n U,S.	13. W	Vas Decede	ent of H	ispenic Orl	gin? (Spe	ecify Yes or No Rican, etc.)	- 14.1	Rece - Ame	rican Indian,
1 Never Married 2 Married	Armed Fo 1 ☐ Yes	2 No						, Puerto	Rican, etc.)		Biack, Whit	
3 Widowed 4 □ Divorced	If Yes, Giv Year or D			1	☐ Yes 2	X No	Specify:			Spe	ecify: (Vhite
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(Specify only highest g Elementary/Secondery (0-12)		(4 a . C .)	_	(Give k	kind of worl OO NOT use	k done d e retired	du <i>ring</i> mos 1)	t of work!	ng			
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7. Father's Name (First, Middle, Las	st)				3			r's Name	(First, Middle,			
Antonio	Santoni						Gi	acin	ta IS	urname	2 Unkr	rown)
19a. Informant's Name/Relationship	(Type, Print)		19h	Mailing	a Address	(Street	end Numb	or or Rure	I Route Number			
Mrs. Mary Dulow		htr)							timore,		21236	
20a. Method of Disposition	T.T. (Mg							Suc	Date			Town, State
1 X Burial 2 ☐ Cremation 3					sition (Namiatory or ott			i				1.316
4 ☐ Donation 5 ☐ Other (Spec	**		st. Jo		oh's (/11/97	Balti	more,	Maryland
21. Signature of Funeral Service Lice	ensee			22	Name and	Addres	ss of Facilit	у				
					Schir	MILMO	b Fu	10406	Hamas	Tun		
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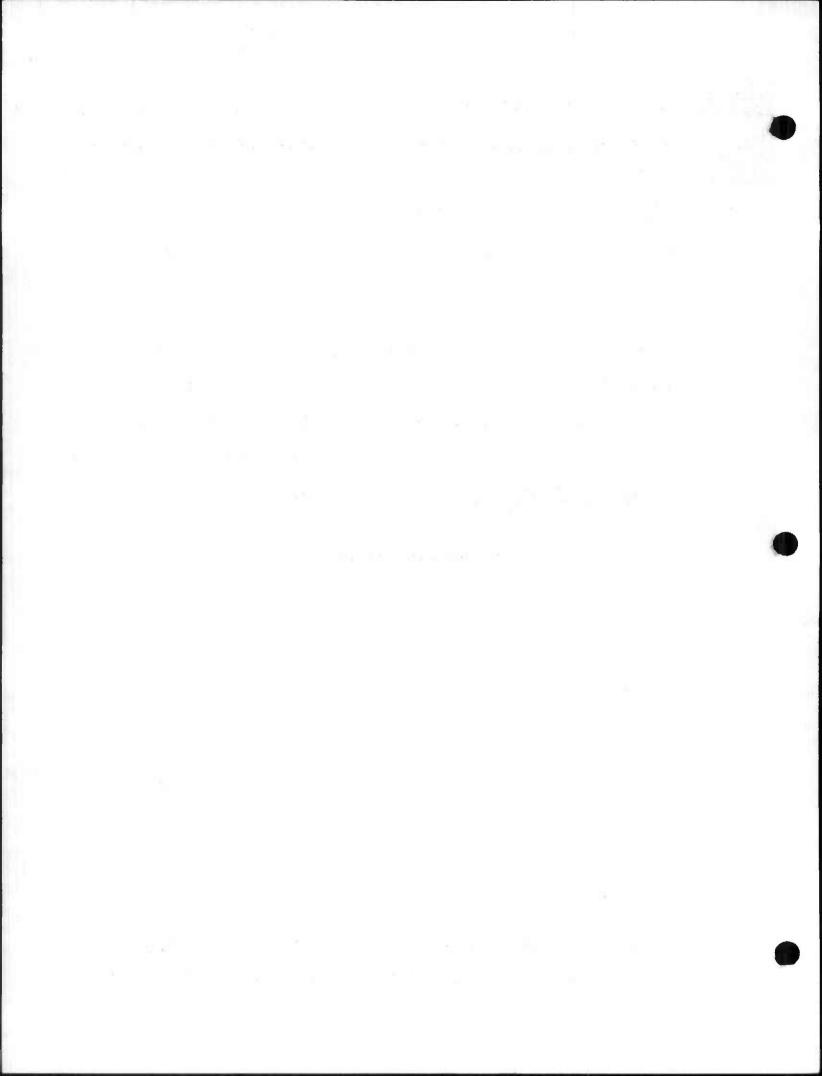
State Registrar 31. Date filed (Month, Day, Year) APR 11 1997



State of Maryland / Department of Health and Mental Hygiene 97 11034

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ģ		Md. N/A		Balt	imore					Yes 2
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n ai er	r	mmediate Ceuse (Final diseese or condition esulting In deeth)	e. INTERCR	ANNIAI						Interval Between Onset end Deeth
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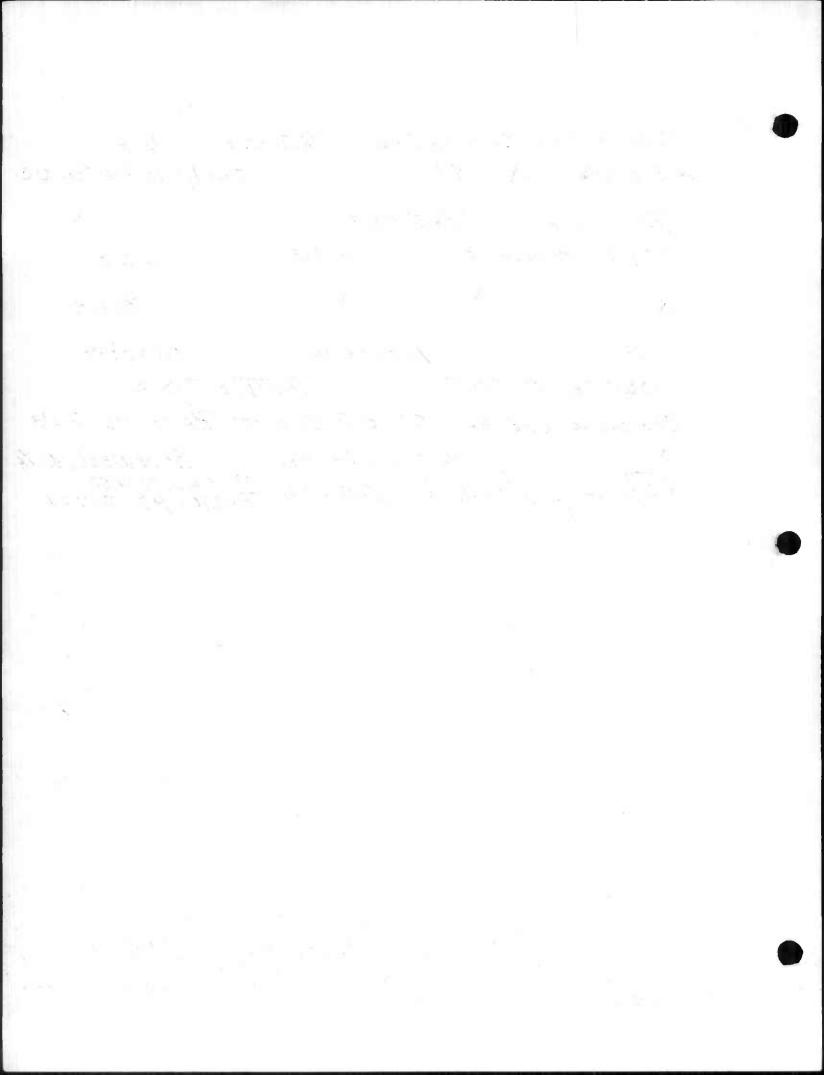
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State of Maryland / Department of Health and Mental Hygiene Q 7

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				Centrica	te of Death	R	eg. No.	1 11000	
Physici	ian	1. Decedent's Nama (First, Middla, I				2. Data of Dea Month	th	3. Tima of Death	
/Medi	cal	INA SPRUEL			Alta City Tours	MARCH Location of Death	1	Year You	
Examir	ner	4a. Facility Nama (If not institution, g	US GER-	C. Tee	But.	MORE	4c. County o	Death	
			. Sax 7. Age (In yi	rs. last birthday) If Under Months	er 1 Yaar If Under 24 H	S. 8. Data of Birth	Veer	9. Birthplaca (Steta or Forai	
irector		235-52-1116	10 M 20 F 9	Yrs.	Days Hours Wil	JULY 1	1898 6	9. Birtholaca (Steta or Forai Couptry)	
be filed within 72 hours after death with the Maryland la! Hygiena. I dother than "natural", or items 23a or 28a-1 show event, the Mexical Exameratures be notified at	To Be Completed by Funeral Director	Usual Residence of Decedant 10a. State 10b. County	10c.	City, Town or Location				10d. Insida City Llmi	
		MD. N/A BALTIMORE						1 Yas 2□	
		10e. Street and Number			p Coda	1	0g. Citizan of Wi	hat Country?	
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any le		Homon !). Apardo	-X SKA	EDA F.H.	25/7 9	HUDSON		
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chasin certificate of execution of the attending physician and the attending physician and the for use as the burial-transit	Examiner			,				Onset and Death	
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e atte	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				23b. Did to	bacco usa cont	ribute to the causa of deat	
thording Physician: Tha law requires that the death cer- death.	Phys							3 □ Probably 4 Unkno	
	þ	Lypertension	(4)//						
	Completed	hypertension				24a. Was a parfor		 Wera autopsy finding available prior to completion of cause 	
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	Be Co	25. Was casa referred to medical			26. Place of D	1 ☐ Ya		1 □ Yas 28 No	
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		27. Manner of Daath 1 Natural 5 □ Panding	28c. Injury et Work?	Work?					
	Certification:	2 Accidant investigation 3 Suicida 6 Could not be determined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)				29f Location (St	28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)		
83 - Te-	it e								
d in by		29a. Cartifiar Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.							
nace Orec ly filled in by		29a. Cartifiar Cartifying P	one) Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the tire and manner stated.				ima, date and placa, and dua to tha causa(s)		
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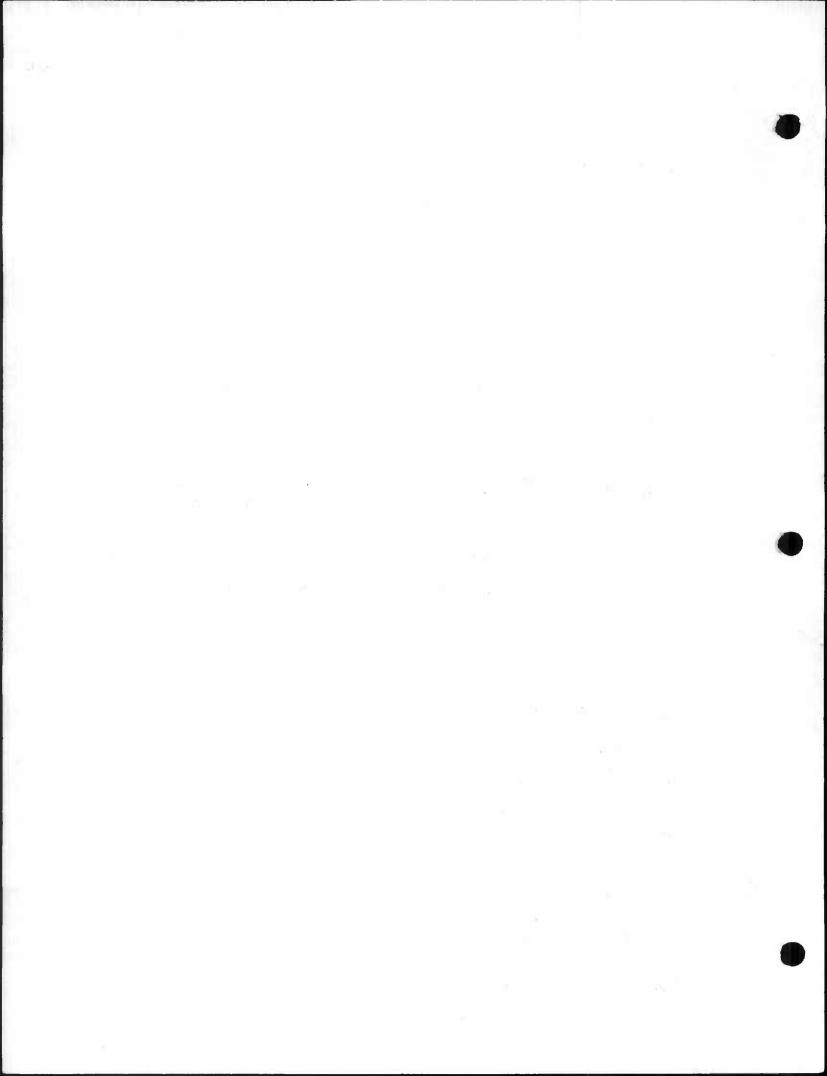
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day 1997 Ernest Bruen Thompson, Jr. 6, April 4:00 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Harbor Hospital Center Baltimore | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplece (State or Months | Days | Hours | Min. | April 1 30, 1928 | Maryland 5. Social Security Number 6. Sex +□ M 2□ F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 216-24-4503 68 Yrs. Director Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City. Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with tha Marylar Department of Health and Mental Hygiene. The firmortant: If them 27 is marked other than "natural; or Items 23a or 28a-f show any Injury or other traumatic event, the Marical Experime man be notified as 10d. Inside City Limits N/A MD Baltimore X☐ Yes 2☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2515 Arbuton Avenue 21230 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Road Crew Laborer City of Baltimore 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Ernest Bruen Thompson Catherine Schestag 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Norman L. Thompson/brother 3926 McDowell Ln. Baltimore, MD 21227 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2X Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 04/07/97 Baltimore, MD 21. Signature of Funeral Service Licensee
George E. MacNabb Cremation Soceity of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical Immediate Cause (Finel a. Adult Respiratory Distress Syndresse
Due to (or as a consequence of): disease or condition resulting in death) Examiner The law requires that the death cartificate be executed burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last P.O. Box 68760, Physician/Medical tha Due to (or as e consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Bowel Obstruction 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, Be Completed by 24b. Were autopsy findings eveilable prior to completion of cause of death? Cholelithiagis 24a. Was en eutopsy performed? cartificate has b director, page 2 s Ventral Hernia 1 ☐ Yes 2 KNo nding Physician: 25. Was case referred to medical exeminer? 28. Plece of Death (Check only one) 1 Yes 2 No Hospital: 1 Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 은 this 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Aftar 1 Netural 2 Accident 5 Pending investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only 29b. Signeture end till of certifier 29c. License number 29d. Date signed (Month, Dey, Year) quillance Med. D28988 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 3001 S. Hanover St. Balt. MD25 Arguillano MD.

DHMH 16 Rev 6/95

Registrar

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

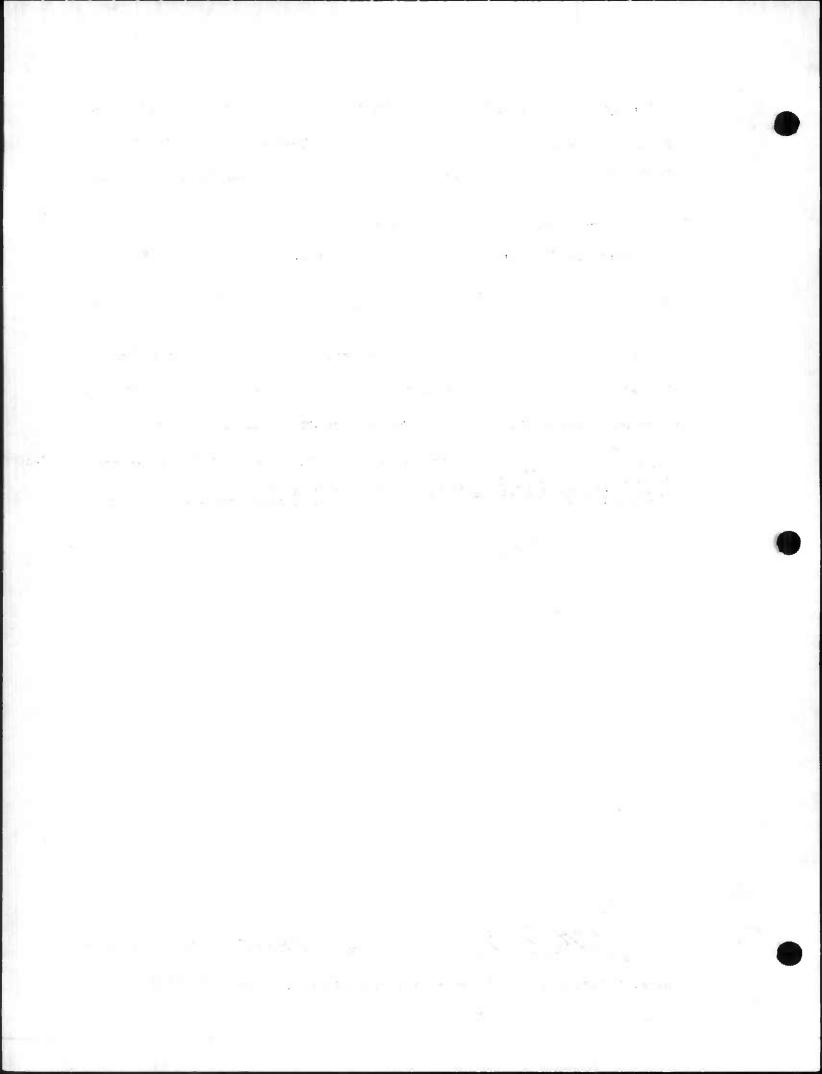
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	/Medi Examii		4e. Fecility Name (If not institu	tion, give street and n	umber)					, or Location of Dec	eth 4c. Cou	nty of Deeth	1	7.1.1
	Funeral		SAINT JOSE: 5. Social Security Number	6. Sex 1 M 2 □ F	7. Age (In yı	S. last birthdey) Yrs.	If Under 1 You Months De	ear .	If Under 24	Min. (Month, I	irth Dey, Year)	9. Birth	place (State o	r Foreign
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Maryland	28a-f show notified at	tor	10e. Stete 10b. Cour	altimore	10c. (Phoeni							10d. Inside Cli	
th the	or 28	Director	10e. Street end Number				10f. Zip Coo	ie			10g. Citizen	of Whet Co	untry?	
th wi	23a c	a	4302 Green G	lade Road				211	31		USA			
G Z I Z I 3-UUZU filed within 72 hours efter death with the Maryland	f Health and Mentel Hyglene. Item 27 is marked other than "natural", or items 23a or 28s-f show other traumatic event, <u>The Medical Examiner must be notified at</u>	by Funeral	11. Marital Stetus 1 □ Never Married 2 💢 M 3 □ Widowed 4 □ Divorce	Armed F larried 1 Ves, G	2 □ No Sive 10		Was Decedent If Yes, specify 0 1 ☐ Yes 2 ☐	Cuben,	penic Origin Mexican, P Specify:	? (Specify Yes or Nuerto Rican, etc.)	lo- 14. F E Spe	lleck, White	rican Indien, o, etc. White	
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_ 0	n 27 l		Margaret H.	Tomey/Wif	e	430	2 Greer	ı G	lade	Road, Ph	oenix,	MD 2	1131	
mit. Pages 1 and 2	0		20e. Method of Disposition 1 ★Burlel 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other-	n 3 □Removel from	n State		netory or other	pleca)		4/12/9 Gardens		n - City or T		
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-			23e. Pert1. Enter the disease, shock, or heart feilure. L	or complications that	caused the de	eth. Do not ent	er the mode of	dylng,	such es car	d., Imo	errest,	MD_21	Approximete	8
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that	igned by									1	Yes X N) 3 □ Pre	obabty 4 🗆 I	Unknov
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gu J	Affer funer	atio	Naturel 5 Pend 2 Accident inves	ding (Moi stigation	nth, Dey Year)	Injury			s 2 No					
or Attending	hours afferdeath uneral Offector: It filled in by the	Certification:	3 ☐ Suicide 6 ☐ Coul	rmined 286. Plac		home, farm, str	eet, fectory, offi	ica			(Street and Nu	mber or Ru	ral Route Numi	ber,
ospitelor	Po De	Cert	4 E Homode	Odik	ding, etc. (Spec	ту)				City of 1	own, State)			
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			30. Name end eddress of person	on who completed cau	use of deeth (It	em 23e) (Type,	Print)					1000		
			TIMOTHY JA	MES LOW,	M.D.	, 7620	YORK	RO	AD TO	OWSON, MA	RYLANI	212	204	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					Ce	runca	te or	Death		Re	g. No.		
Physic /Medi		Decedent's Name (First, Middle Audrey	Stu	ller		Tull	у			2. Date of Deat Month April 9	Day	Year 7	3. Time of Deat 6:10 pm
Exami		4a. Facility Name (If not institution Manor-Care Ru	A THE STREET	umber)				4b. City, Tov Tows		cation of Death		y of Death	
Funeral		5. Social Security Number	6. Sex 1 □ M 2 □ F	7. Age (In yr	rs. lest birthday) Yrs.	If Unde	er 1 Year Days		m	8. Date of Birth (Month, Dey,	Year)	9. Birth	place (Stete or Fore
Director		219-18-1882 Usual Residence of Decadent	21.	72	110.					Aug 4,	1924	Mar	yland
death with the Maryland ms 23a or 28a-f show	,	10a. State 10b. County		10c. (City, Town or Lo	ocation							10d. Inside City Lim
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eath	era	7001 North Cha		eet cedent Ever in	116 12 1	Was Dags		1204	nin? /Cne	oifu Voc or No		ISA	can Indian,
or Its	by Funeral Director	1 Never Married 2 Marr 3 Widowed 4 Divorcad	Armed F	orces? 2 XNo live		If Yes, spe 1 ☐ Yes		Specify:	, Puerto F	cify Yes or No- Rican, etc.)		ick, White, fy:	etc.
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and Men and Men a merka	F	19e. Informant's Name/Relations		, o	1	na Addres	s (Street			Route Number,	City or Town		
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Heelth am 27		20a. Method of Disposition	Daughter	20b.	Placa of Dispo	sition (Ne	me of		Stal		Oc. Location	-	own. State
nent of h		1 ☐ Burial 2 ☐ Cremation			cemetery, crer			•				1	
permit, rages I end Department of Health Important: If Itam 27 any Injury or other tr once.		4 Donation 5 Other (S) 21. Signature of Funeral Service I	20	\	22	2. Name a	nd Addre	ss of Facility	у	4/11/97	Ham	pstea	d, Maryl
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Physician /Medicai Examiner	er	23a. Part. Enter the disease, or shock, or least failure. List Immediate Cause (Final disease or condition resulting in death)		ERE,		22	H			RHAC			Approximete Interval Betweer Onset and Death
nding physician and use as the buriel-fransit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b		(or as a conseq							1	
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a sher deal	Certification:	3 Sulcide 6 Could n 4 Homicide determi	ot be 28e. Plac	a of injury - At ling, etc. (Spec	home, farm, str					Bf. Location (Str. City or Town,		ber or Rura	al Route Number,
a Funeri letaly lili	Medical	29e. Certifier (Check only one) 1 Certifying 2 Medical E	Phyalcian: To the examiner: On the b and mar	e best of my kn basis of examin oner stated.	nowledge, deeth nation and/or inv	occurred estigation	at the tin	ne, date and pinion, deeti	d placa, at h occurre	nd due to the ca d at the time, de	use(s) end m te end piece,	anner as s end due to	tated. the cause(s)
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KD)		1///	COU	Cem			D -	128	340		pril l		
		30. Name and address of person v	who completed cau		em 23e) (Type. I								
		A. H. Ghiladi			er Driv		nite	111	Тотто	on MD	21204		
Sta	te	31. Date filed (Month, Dey, Year)		Registrar's Sign		e, S	ulle	111,	TOWS	OII, MID	21204		
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death April **Physician** 1997 William 8 G. VonRestorff Sr. 1:00pm /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Grantwood Road Middle River Baltimore if Undar 24 Hrs. If Under 1 Year 5. Social Sacurity Number 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) Birthplace (Stata or Foreign Country) **Funeral** Deys Hours Months 00 M 2 F Yrs 214-01-4174 **Director** 85 June 5,1911 PA. Usual Rasidence of Decedant with the Marylend 10a. State 10b. County 10d. Insida City Limits 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Manylen Department of Heelih and Mental Hyglene. Important: If firm 27 le marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Mandical Examinet must be notified as Md. Baltimore Dunda1k Director 1 ☐ Yas 21 No 10a. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 2520 West Woodwell Road 21222 USA Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American indien, Black. White, atc. 1 ☐ Yas 2 ☐ No If Yes, Give Year or Detes: 1 Nevar Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by White 3₺ Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working lifa. DO NOT usa retired) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Crane Operator Beth Steel 12th 17. Fathar's Nema (First, Middla, Last) 18. Mothar'a Name (First, Middla, Maldan Sumama) Be William VonRestorff MAry Ellen Stoner 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Donald VonRestorff /son 701 Grantwood Road Baltimore Md. 21220 20b. Place of Disposition (Nema of cematary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Data 1 Buriel 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 4/12/97 Baltimore Md. Moreland Memorial 21. Signature of Funarai Service Licenses 22. Name and Addrass of Fecility Connelly Funeral Home of Essex 23a. Part1. Enter the disease, or complicate shock, or haert failure. List only one not enter the mode of dying, such as Cardiac of respiratory arest, 21221 Physician Immedieta Causa (Final disaasa or condition resulting in death) /Medical 1 mon th lung Cancer Examiner Due to for as a consequence of) Examiner ettending physician end I for use as the burial-transit Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disaase or Injury thet initiated events rasulting in death) Last Dua to (or as a consequence of) Box 68760, Physician/Medical Due to (or es e consequanca of): ned by the etten detached for u Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 thknown peripheral Vascular disease þ should l 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? Completed page 2 s certificate hes 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 70 1 Yas 2 No funeral 28a. Deta of Injury (Month, Day Year) 27. Menner of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Panding Invastigation 1 PNatural 1 ☐ Yas 2 ☐ No 2 Accident completely filled in by the 3 Suicida 6 Could not be Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 12 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the causa(s) and manner as stated. 29a. Cartifiar Medical 2 Medical Examiner: On the besis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura end titla of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) 141997 tann

Point Blud., Balto. MD 21224

State Registrar

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

1005 North

relia Vavidson-Randalle

32. Registrer's Signetura

Funcoviz MD,

31. Deta filed (Month, Dey, Year)

APR 1 1 1997

218 48 808.26 1/m 3CVF 85 Vis. Months Days Tools Wr. DEC. 16,191 1 MARYLI MARYLI 100. City, Town or Location 100. City, Town or Location 100. City 100 C	Deced	cedent	t's Nam	ne <i>(F</i> :	irst, Mida	die, Las			+							e of					I Hyg	g. No.	71		3. Time of De
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10a Sales 10b County 10c Chy, Town or Location 10d	184	clel Se 848	curity N	Numb	per	6. S	Sex			H(OME e (In yi						If U	nder 2	4 Hrs.	(Moi	nth, Day,	Year)	9.	Birthple Count	
Type	a. Stat	State		10t	b. County		RE	<u> </u>			10c. (City, T				F								10	d. Inside City L
1 Ves. 2 No. Specify: Spe	Stre	Street	and Nu	mber	,						1					***************************************					10	g. Citizen o	of Whet	Count	y?
The complete of the complete	12	12	PAR	HAI	M CI	RCL	Ę_	В-	1							212	37						US	A	
17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) 19. Informent's Neme (First, Middle, Last) 19. Informent's Neme (First) 19. Informen	1 🗆 N	Neve	er Marr		~ ~		12.	Arm 1 🗍 If Ye	ned Fo Yes es, Giv	rces? 2⊠N ⁄e		U,S.	13	It Ye	s, spe	cify Cubi	an, Me	xicen,	n? (Spe Puerto I	cify Yes Rican, e	or No-	E	Bleck, W	/hite, e	c.
17. Fether's Name (First, Middle, Malden Sumame) 18. Michae's Name (First, Middle, Malden Sumame) 19. Michae's Name (First, Middle, Middle, Malden Sumame) 19. Michae's Name (First, Middle, Middle, Middl	lemer	menter		cify or	nly highe	nt's Ed	duceti ide co	compl	lege (1	-4or 5	+)	1	6a. Dec (Giv life				etion during d)	most o	of workli	ng					stry
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EDWARD J. WELLNER / HUSBAND 20e. Method of Disposition 10	n Info	Informe							-41				10h 14-	N A		/04							li aci	-	
23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):	DWA Meth	WAR	D J	. V	WELL]	NER		/_I	HUS			Plece	12 of Dis	PAF	RHAN	1 CI	RCL			OMI	RE,	MD_21	237		
21. Signeffure of Funerel Service Licensee 22. Name end Address of Fecility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237 23a. Port. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, and shock, or heart feilure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or es e consequence of): Due to (or es e consequence of): C. Due to (or es e consequence of): Due to (or es e consequence of): The Intellected events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): C. Due to (or es e consequence of): Due to (or es e consequence of): 24b. Were cause intellected events resulting in the underlying cause given in Pert I. Described 25c. Piecs of Deeth (Check only one) 25c. Were case referred to medical eveniner? 1 Yes 2 3 7 7 7 7 7 7 7 7 7								novel	from 5	State	0								4/	10/	97	BALTI	MORI	E. N	ID
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Cause (Disease or injury thinlieded events resulting in deeth) Lest Due to (or es e consequence of): Detail	ease o	se or c	onditio	on			θ				Due to	OC (or es	e cons			0	des	eis	e					1	everal
Ceuse (Disease or injury thin littled events resulting in deeth) Lest Due to (or es e consequence of): d	quentia	entially , leedin	list com	nditic nmed	ons, liete	ſ	b				Due to	(or es	e cons	equen	ce of):							-	-		
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24b. Wes en eutopsy performed? 24e. Wes en eutopsy performed? 1					D	es	me	ent	lie												1 🗆 Ye	a 2 □ €	3 🗆	Probe	bly 4 Unk
25. Wes cese reterred to medical exeminer? 1																				24e	. Wes en	eutopsy ed?	24	com	e eutopsy tindir able prior to pletion of cause eth?
The control of the																					1 🗆 Ye	2 000		1 🗆	Yes 2□ No
27. Menner of Deeth 28a. Detect Injury 28b. Time of 1 Yes 2 No Nort? 2 Accident 3 Suicide 4 Homicide 4 Homici	exemi	eminer	?) medica		Hoen	nital:								0.1		lece o	t Deeth	(Check	only one)			
O	Menne	enner o	t Deeth	h		ng	2	28a. [Dete o	t Injury	y		. Time	of	2	8c. Injun Worl	y et k?	-	2					pecify)	
				6	Could determ	not be nined	2	28e. F	Place of building	of Injui	ry - At (Spec	home,	ferm, s	treet, 1	actory	, office			2				mber or	Rural I	Route Number,
		Check o	niy	1 2 d	Certifyin Medical	g Phys Exami	iner:	: On t	tne ba:	SIS OF	examin	nowled	ige, dee end/or li	th occ	urred o	et the tim	ne, det pinion,	e end p deeth	olece, e occurre	nd due t d et the	time, da	use(s) end i te end pieci	menner e, and d	es stat	ed. ne cause(s)
29b. Signeture and title of certitier 29c. License number 29d. Dete signed (Month, Day, 737777 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 2 KNOLL NONTH OF. COLUMNS MED 210 44	Signe	ignetur	re end	title o	of certitie	2	×		in	5					290	7	-7 -	77	7			d. Dele sign	19-	onth, De	y, Year)

Physician

/Medical

Director

Funeral

Be Completed by

2

Examiner

Funeral Director

Pages 1 and 2 should be filed within 72 hours after death with the Meryland

permit. Pages I and 2 should be filed withit Depertment of Health and Mental Hygiane. Important: If item 27 is merked other than any Injury or other traumetts.

Baltimore, Maryland 21215-0020

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notlined at

	01010 01 11	iai yiailu / L	Departmei <i>Certifica</i>			ario iv		Reg. No.	9/	11041
1. Decedent's Neme (First, Middle, La	est)			100			2. Dete of Dec			3. Time of Deeth
JOSEPH	HOWARI)	WAG	NER			APRII	. 88,	1997	12:45 PM
4e. Fecility Neme (If not institution, given	a streat and number)		4	b. City, To	wn, or Lo	cation of Deeth	4c. Count	y of Deeth	
9615 PULASKI	HWY.				RA	ттт	MORE	RΛ	LTIM	OPE
5. Social Security Number 6.		ge (In yrs. last bir 7.6	Yrs. If Under	r 1 Year Deys	If Under : Hours		8. Dete of Birt (Month, Day MAY 21	, Year) , 1920	9. Birth	plece (State or Foraign intry) YLAND
Usual Residence of Decadent										
MD BALTI	MORE	10c. City, Tow	n or Location ROSEDA	LE						10d. Inside City Limits 1 ☐ Yes 2(XNo
10e. Street and Number			10f. Zi	Code				10g. Citizen of	Whet Cou	intry?
8017 OLD PHILADE	LPHIA ROAD)	2	1237				USA		
11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ ☒ ivorced	12. Was Decedent Armed Forces 1 X Yes 2 ☐ If Yes, Give Yeer or Detes:	? No	13. Was Dece it Yes, spe		spanic Origin, Mexican Specify:	gin? (Spe , Puerto	ecify Yes or No- Rican, etc.)		ck, White,	can Indien, , etc.
15. Decedent's E (Specify only highast gr		16e.	Decedent's Usu (Giva kind of we	al Occupa	tion	ad supple		16b. Kind of B	Business/In	ndustry
Elementery/Secondery (0-12)	College (1-4or	5+)	SALES	se retired)	uning most	OI WOIKI	ng	C	LOTH	
17. Fether's Neme (First, Middla, Last					18. Mothe	r's Neme	(First, Middla,	Maidan Sumai	ma)	
JOHN A. WAGNER					MARO	GARE'	T JACO	В		
19e. informent's Name/Reletionship (Type, Print)	19b	. Mailing Addres	s (Street a	nd Numbe	r or Rura	al Routa Numba	r, City or Town	, State, Zij	p Coda)
JAMES BUCKLER / 1	NEPHEW		8017 OL	р Бил	I.ADFI	рит	A ROAD	ROSEDAI	E MI	0 21237
20e. Method of Disposition		com eter	Disposition (Nary, cramatory or	ma of		<u> </u>	Dete	20c. Location		
1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Special	y)		ON FORE	ST VA	i.		/11/97	OWINGS	MILI	LS, MD
21. Signature of Eurafal Service Lider	1800		22. Neme e CVAC 1211 C	H/ROS	EDALI	E FU	NERAL H			
23e. Enter the disease, or com shock, or heert feilure. List only			not enter the mod	de of dying	, such es o	cardiac o	or respiretory en	est,	-	Approximete Intervel Between Onset end Deeth
disease or condition resulting in death)	VAMEN	OC LON	othe (pal	COVAS	and	VA DIS	E1922		
,		Due to (or es e o	consequenca of)						1	
Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to (or es e o	consequenca ot)						1	
resulting In death) Lest	c	Due to (or es e c	onsequenca of):							

Physician /Medical Examiner

Division of Vital Records, P.O. Box 687

is certificate has been signed by the attending director, page 2 should be detached for use The law requires that the death certil the Hospital or Attanding Physician: To the Hospital or Attanding Physical within 24 hours after death.

To the Funeral Director: After this completaly filled in by the funeral directorial directors. this

Immediate C diseese or or resulting in d Physician/Medical Examiner Sequentially if eny, leeding cause. Enter Ceuse (Disective Initiated resulting in description) Pert II. Other 1 Yes 2 No 3 Probably 4 Onknown Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? DISPECTIO 1 Yes 2 No Certification: To Be 25. Was case reterred to medical exeminer? 26. Piece of Deeth (Check only ona) Other: 4 Nursing Home 5 Residenca 6 Nother (Specify) 1XYes 2□ No 1 Inpatient 2 ER/Outpetient 3 DOA MOTEL 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation Injury 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one)

State

Registrar

29c. License number

29d. Dete signed (Month, Day, Year)

O.C.M.E.

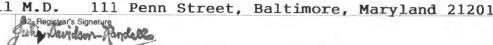
APRIL 10,

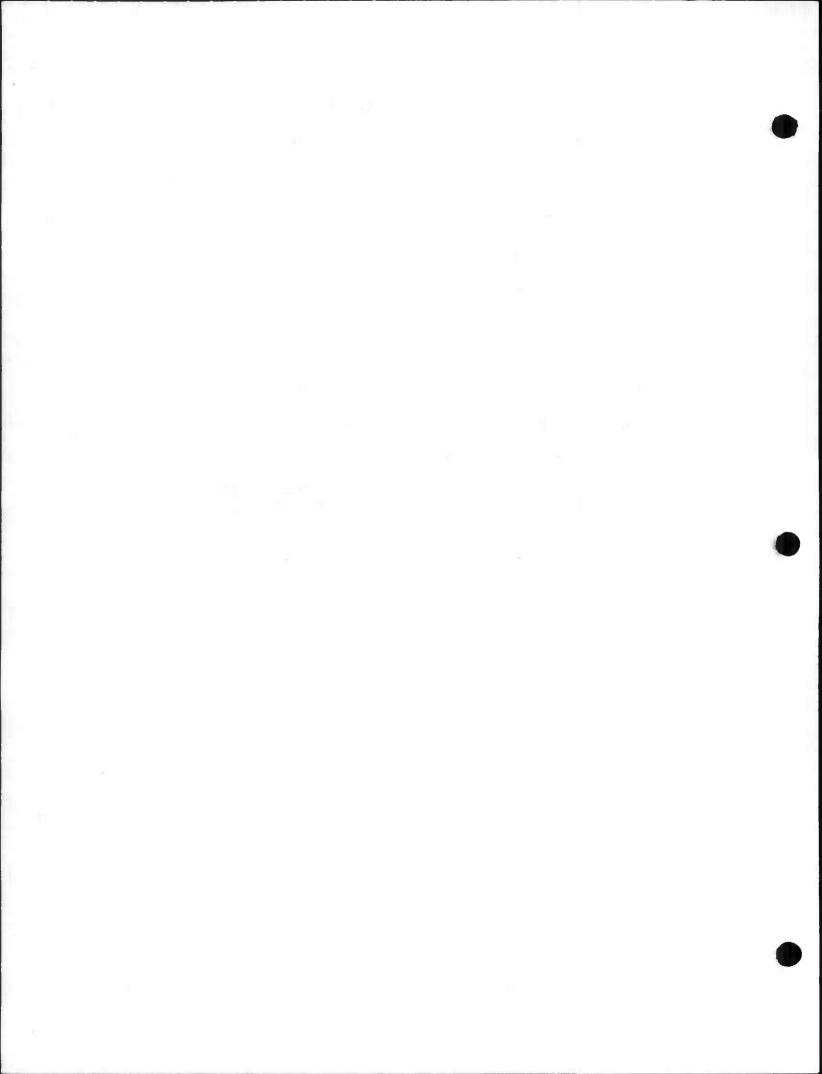
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Margarita Korell M.D. 31. Dete filed (Month, Day, Year)

29b. Signeture and title of cartifier

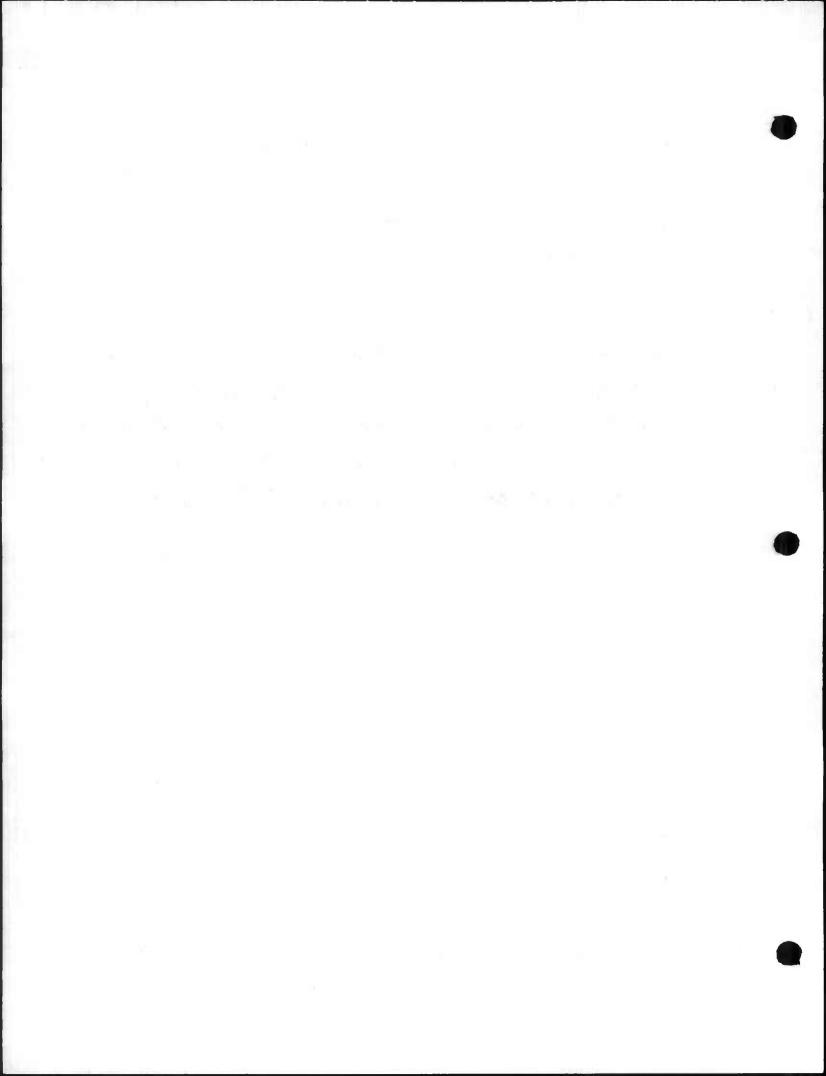
APR 11 1997





State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death		Reg. No.	21	1104
	Physic	an	1. Decedent's Neme (First, Middle, Las	*					2. Deta of De		Yaar	3. Tima of Death
	/Medi		Evelyn K. Wilson						April	10, 19	997	11:45 A.M
	Exami	er	4e. Fecility Neme (If not institution, give)			4b. City, Town, or L		h 4c. County	of Deeth	
			4726 Elison Avenu				If Harden 4 Van	Baltimo			N/A	
	Funeral Director		5. Social Security Number 6. Social Security Number 11 214-12-2892 Usuel Rasidence of Decedent	□M 2D0 F	ga (in yrs. le: 76	st birthdey) Yrs.	Months Day		8. Date of Bir (Month, De June 5	th ey, Year) 1920	9. Birth	plece (Stete or Foreign ntry) YLANd
yland	N 18		10e. State 10b. County		10c. City,	Town or Loc	ation				T	10d. Inside City Limits
Mar	28a-f sho notified at	to	Maryland N/A			Baltin	ore					W Yes 2 No
6	or 28	J're	10e. Straet and Number				10f. Zip Code)		10g. Citizen ot	Whet Cou	ntry?
6	238	Funeral Director	4726 Elison Avenu	le				21206		и.	S. A.	
- de	lama Br.m	une	11. Marital Status	12. Wes Decedant Armed Forces,	Evar in U,S	. 13. W	es Decedent of Yes, specify Co	t Hispenic Origin? (Sjuben, Mexican, Puert	pecify Yas or No Rican, etc.)	14. Rad Bie	ce - Amari	can Indien, . etc.
RI	Example	by	1 ☐ Never Married 2 🖄 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☒ If Yes, Give Yaar or Datas:	No		□Yes 2ÅN			Specif		
/4 1g	die i	Completed	15. Decedent's Ed (Specify only highest gree	ucation de completed)		16e. Deced	ent's Usual Occ and of work don	supetion ne during most of work ired)	king	16b. Kind of B	usiness/In	dustry
12	Pan Pan	dm	Elementery/Secondery (0-12)	College (1-4or	5+)			red)		0.4		
D D	D to the	ပိ	12th Grade 17. Father's Neme (First, Middle, Last)			wac	ress	18. Mother's Nem	o (First Middle		erer	
Maryland	smilel 1860 Ceve	o Be	Paul Koenig								110)	
Z a	mark mark	2	19e. Interment's Neme/Reletionship (7	voe. Print)		19b. Meiline	Address (Stre	et end Number or Ru	ersberg		State Zir	n Code)
200	22		Kenneth C. Wilson		1)			Avenue, B				
e .	offie offie		20a. Method of Disposition		20b. Ple	ce of Dispos	ition (Neme of etory or other p	vaca)	Deta	20c. Location		
Saltimore,	THE TO A		1 Description 2 □ Cremetion 3 □ 4 □ Denetion 5 □ Other (Specify	Removel trom Stete			Cemeter		2/97	Baltim	סמר	Maryland
alti	보고 등 위		21. Signeture of Funaral Service Licens	100				dress of Fecility 2k Funeral			,,,,,	mo cy-carta
m a	9119		11/1	18			Chumuno	ek tuneral ehms Lane,	Home 1	nc.	w	d 01012
		П	23a. Part1. Enter the disease, or comp shock, or heart tailure. List only of	lications that cause	d the deeth.	Do not ente	r tha mode of d	ylng, such as cerdiac	or raspiratory e	rrest,	regear	Approximete interval Between
Phy	ysician		Shock, or maan tallure. List only t	me cause on eech i	ina.			1 / /		`	t t	Onset end Deeth
	Medicai		Immediate Ceusa (Fine) disease or condition	10/0	00 10	10/01	no	tastatic	to	lipp		12/00
EX	aminer		resulting in deeth)	e(U	Due to (or e	s e consequ		WILL	101	100		170
og.	sit	ine		h							1	
acute	sician and bunal-transit	Examiner	Sequentially list conditions,	0.	Due to (or e	s e consequ	enca ot):					
, P.O. Box 68760, that the death certificate be axecul	physician s tha buria		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	c								
587 icate	phys tha	Medical	thet initieted events resulting in deeth) Lest		Due to (or e	s e consequ	ence of):					
OX (anding use a			d		_						
Box eath ce	# 5	Physician/	Data Constitution and the									
P.O.	signed by the a ld be datached f	hys	Pert II. Other significant conditions co	ntributing to death b	out not result	ing In the un	derlying cause :	given in Pert I.				to the cause of death?
that	e date	by P							10	Yes 2□ No	3 Pro	babiy 4 dnknow
Records,	old blu									en eutopsy	24b. W	ere eutopsy findings
eco law re	s been s	Siet							pend	ormad?	CC	veileble prior to empletion of ceusa deeth?
	paga 2	Completed							10	Yes 2000		Yes ONNO
ita Ba	certificata rector, pag	Bec	25. Wes case referred to medical					26. Piece of Dee		,		2100 22410
of Vital	this certific ral director,	To	exeminer?	Hospitel:	ent 2 El	3/Outpetient	3□ DOA	Other: 4 Nursing He	- 4	denca 8 □Oth	ner (Specia	fy)
0 4	tar th		27. Menner of Death 1 Neturei 5 □ Pending	28e. Dete of Inju (Month, De	iry 2	8b. Time of Injury	28c. In	jury et	-	how Injury occur		
Division or Attending	or: Af	Certification:	2 ☐ Accident investigation					☐ Yes 2☐ No				
IVI A An	irect n by	Ĕ	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury	jury - At hom ic. (Specify)	e, tarm, stre	et, fectory, offic	9	28t. Location (City or To		ber or Run	al Route Number,
C last	ralDeli											
Hosp	Fune taly f	edicai	29a. Certifier (Check only one) Certifying Phy 2 Medicat Exami	nar: On the besis o	t examinetion	edge, deeth n end/or inve	occurred et the estigetion, in my	time, dete end pleca,	end due to the red et the time,	cause(s) end medete and plece,	enner es s and due t	iteted. o the cause(s)
4	within 24 hours ariar death. To the Funeral Director: Affar th completaly filled in by the funeral	Me	29b. Signetura and title of certifiar	end menner st	ated.		29c Lice	nsa number		29d. Date signs	d (Month	Day Veer)
23	8 ∓ 8	-0	1/ 1	. 1/	1	MO	\ \	22701	,	0/	7	-aj, (vai)
	10	-	20 Name and address of	2 vac	un	-111	P	10000		7/9	1	
	y		30. Name and address of person who co	On Pleted cause of c	2 110	Je) (Type, P	Innt)	and Br	1/4 mm	w m	7	1213
	Sta	6	31. Dete tiled (Month, Day, Year)	32. Registr	rer's Signetur	, PK	NII() N	will Pl	11/1/10	it iiu	-/	
	Registr		APR 11 1997	Julia Lavid	bon B.	de oo						
				<i>U</i>	20.	1						



State of Maryland / Department of Health and Mental Hygiene

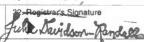
11043 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Year Elizabeth Jessie WINTER 5,1997 April 7:31 P.M. /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore Rosedale Franklin Square Hospital Center If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number Birthplace (Steta or Foreign Country) 6. Sax 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) **Funeral** 1□M QQF Yrs. Director 214-20-2644 Usual Residence of Decedent Aug. 30,1920 Maryland the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other trsumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2€ No Director Maryland Baltimore Baltimore County 10e. Sfreet and Number 10g. Citizen of What Country? 14 Henry Avenue 21236 USA deeth Funeral 12. Was Decedenf Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whife, efc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other traumatic event, the Medical Examinar 1 ☐ Yas 2 ☐ No If Yes, Give X Year or Dates: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highast grade com. 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elementery/Secondary (0-12) College (1-4or 5+) 10 yrs. N/A Housewife-Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Bernard Kilmurray Ellen Gladfelter 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zlp Code) Mr. Henry G. Winter, Jr. 14 Henry Avenue Baltimore, Maryland 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 1. Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Dulaney Valley Cemetery 4-9-97 Baltimore, Maryland 21. Signatura of Funeral Service Licensaa 22. Name and Address of Facility Lassahn Funeral Home Ulm 7401 Belair Rd. Baltimore, Md. 21236
Approximate shock, or heart feilure. List only one cause on each line. Onsaf and Death **Physician** /Medical Immediate Cause (Final 3 weeks disaase or condition resulting in death) a Sepsis Examiner Due to (or as a consequence of): End stage chronic obstructive pulmonary disease bunel-transit Sequentially tist conditions, if any, leading to immadiate cause. Enter Undarlying Causa (Disease or Injury that initiated avents resulting in death) Last Due to (or as a consequence of): and physician s the buriel P.O. Box 68760. The law requires that the deeth certificate be Physician/Medical Due to (or as a consequenca of) use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 130 signed by d 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown End stage cardiomyopathy of Vital Records. þ 24b. Were eutopsy findings available prior to completion of cause of death? Acute renal failure 24a. Was an autopsy performed? Completed Deen page certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: PMnpatient 2 ☐ ER/Outpatienf 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 28a. Date of injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 1 K Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could nof be determined 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 - Homlcide 24 hours Medicai 29e. Certifier 🔁 Certifying Physicien: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end placa, and dua to the cause(s) and manner stated. To the within 2 To the I 29b. Signefure and titler of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) -38754. 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 100. N. BROAD WAY, MD-WASEBM. MALIKA 32. Regisfrar's Signature State Registrar

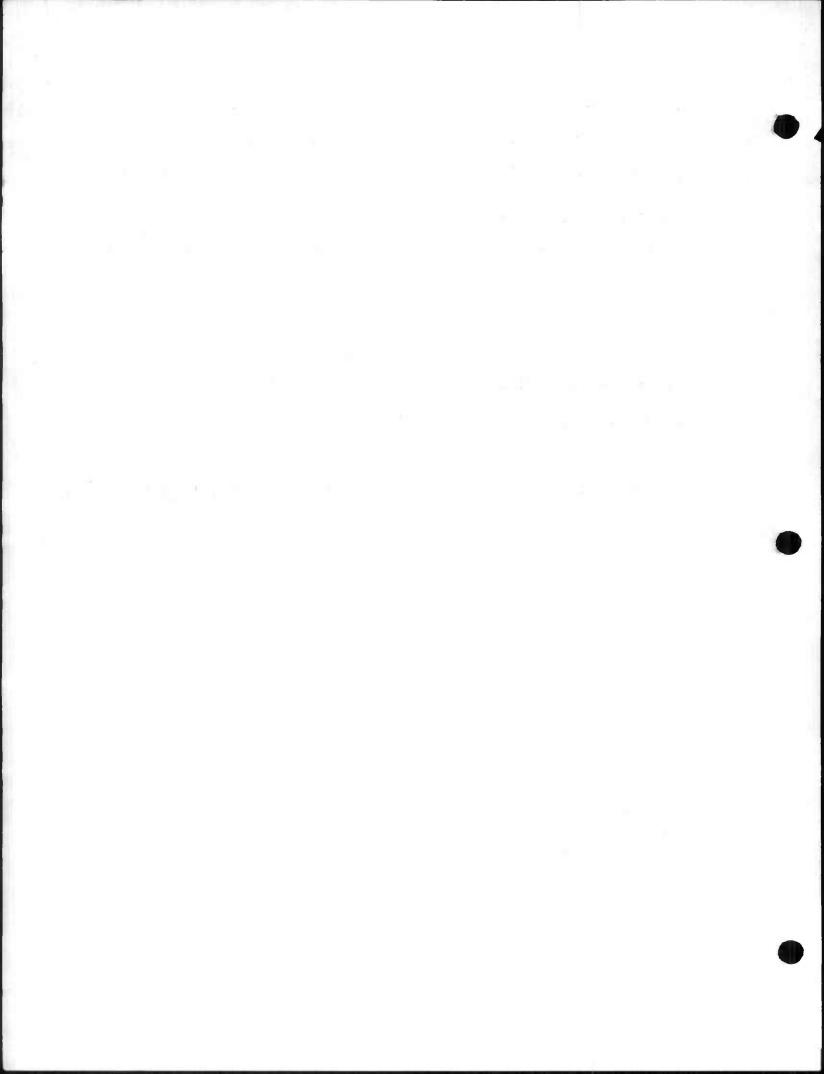
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Ce	rtificate of	Death	F	leg. No.		
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Physician /Medical	CHARLOTTE ETHEL AU	ILT				Month APRTI. 11		Year	01:05 /
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by Funeral	11. Meritel Stetus 1: 1	2. Was Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	in U,S. 13.	Was Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☐ No		Specify Yes or No- to Ricen, etc.)	14. Race Bleck, Specify:	American In White, etc.	
the Medical	15. Decedent's Educi (Specify only highest grede Elementery/Secondary (0-12)	College (1-4or 5+)	life.	dent's Usuel Occu e kind of work done DO NOT use retire	9d)	rking	16b. Kind of Bus	Iness/Industr	
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sicia e bur	ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events		ionan		my D	Serve		17	ears.
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e atte	Part II. Other significent conditions contr	ributing to death but not	resuiting in the i	ınderivina ceuse ai	iven in Pert I	23b. Did to	bacco use cont	ribute to the	cause of death?
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	25. Wes case referred to medical				26. Plece of De	eth (Check only or	ne)		
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eral di	27. Menner of Deeth	28e. Dete of Injury	28b. Time o				ow injury occurred		
ath. e funer ation:	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year	r) Injury		Yes 2 No				
rs after death. al Director: After t led in by the funera Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e, Place of Injury - A building, etc. (Spe	at home, farm, st ecify)	reet, factory, office		28f. Location (S City or Town	treet end Number n, State)	or Rurel Ro	ute Number,
within 24 hours aftar death. To the Funeral Director: After this certific completely filled in by the funeral director, Medical Certification: To Be (29a. Certifier (Check only one) Check only one)	cien: To the best of my lef: On the basis of exemend menner steted.	knowledge, deat	h occurred et the ti vestigetion, In my	me, dete end plec opinion, deeth occ	e, end due to the curred et the time, d	euse(s) end men ate end place, en	ner es steted ad due to the	l. ceuse(s)
within To the comp	29b. Signature end title of certifier	181		29c. Licen	The second second		9d. Dete signed		
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	- 1		Item 23e) (Type	Print)	-	^			
85	30. Name and address of person who com	SALEEN	1 5	P. AGN	ES HO	SSP. E	MERG	ENCY	Room

State Registrar 31. Dete filed (Month, Day, Year)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1045 Certificate of Death 2. Deta of Death Brown Month. **Physician** TOYI /Medical 4a. Facility Name (If not institution, give streat end numbar) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** HESPI tal Genera BELAIR If Under 24 Hrs. HARASTA +Allston If Under 1 Yaer 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours 216-14-398a Director Usuei Rasidance of Decedant 10e. Stata 10b. County 10c. City, Town or Location 10d. inslda City Llmits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at ABELDEEN HARFORD 1 THES 2 No Mary LAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 107 BUSH CARPEL ROAD 21001 USA 12. Wes Dacedant Evar in U,S. Armed Forces? 1≥ Yas 2 □ No if Yas, Give Yeer or Datas: ₩₩Д 13. Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Maritei Stetus 14. Race - American Indian, permit. Pages 1 end 2 should be filed within 72 hours after to Department of Health end Mental Hyglene. Important: If Item 27 is marked other than "natural". ~ 2000. Black, Whita, etc. 1 Never Married 2 Married 1□ Yes 2₽No Specify: Black 3€ Widowed 4 Divorced Completed 16a. Decadant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decadant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 67k grade 17. Fether's Neme (First, Middle, Last) LABOTET RAILRAD 18. Mothar's Name (First, Middla, Maiden Sumema) Brown Isaac Ella WEBSTER 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Pnint) CRAIG Brown 101 BUSH CHAPEL READ ABERDEEN HO 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 20e. Mathed of Disposition Varior U. H. Church Constany 4/10/97/18ERDEEN, Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Spacify) BEARD 21. Signatura of Funeral Sarvice Licenses 22. Name end Address of Fecility FUNERAL SSALEWIS STREET BARRET DE GROCE // 23a. Part1. Philir tha disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, shock or heart failure. List only one cause on each line. **Physician** HEART FAILURE CONGESTIVE - HULKS Immediate Causa (Final disaasa or condition resulting In daath) /Medical **Examiner** Due to (or as a consequence of) sician end burief-transit Attending Physician: The law requires that the deeth certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaese or Injury that initiated avants rasulting in deeth) Last Dua to (or as a consequence of): Box 68760, Physician/Medical Dua to (or as a consaquance of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributs to the causa of death? 1 Yss 2 No 3 Probably 4 Unknown SMAN CEL ymphocync Division of Vital Records. by MSEASE 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? CANCER 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No 25. Wes cesa raferred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpetient 3 DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Medicai Certification: To this 27. Manner of Deeth 28a. Date of injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 PNatural I Director: Aft 1 | Yas 2 | No 2 Accidant 6 Could not be datermined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify) in by 4 Homicide To the Hospital
Within 24 hours
To the Funeral
completely filled 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) end manner as steted.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete end piece, and due to the causa(s) end manner stated. 29a. Cartifier 29b. Signature and title of pertitier 29c. Licensa number 31775

State Registrar APR 14 1007

Ragistrar's Signature

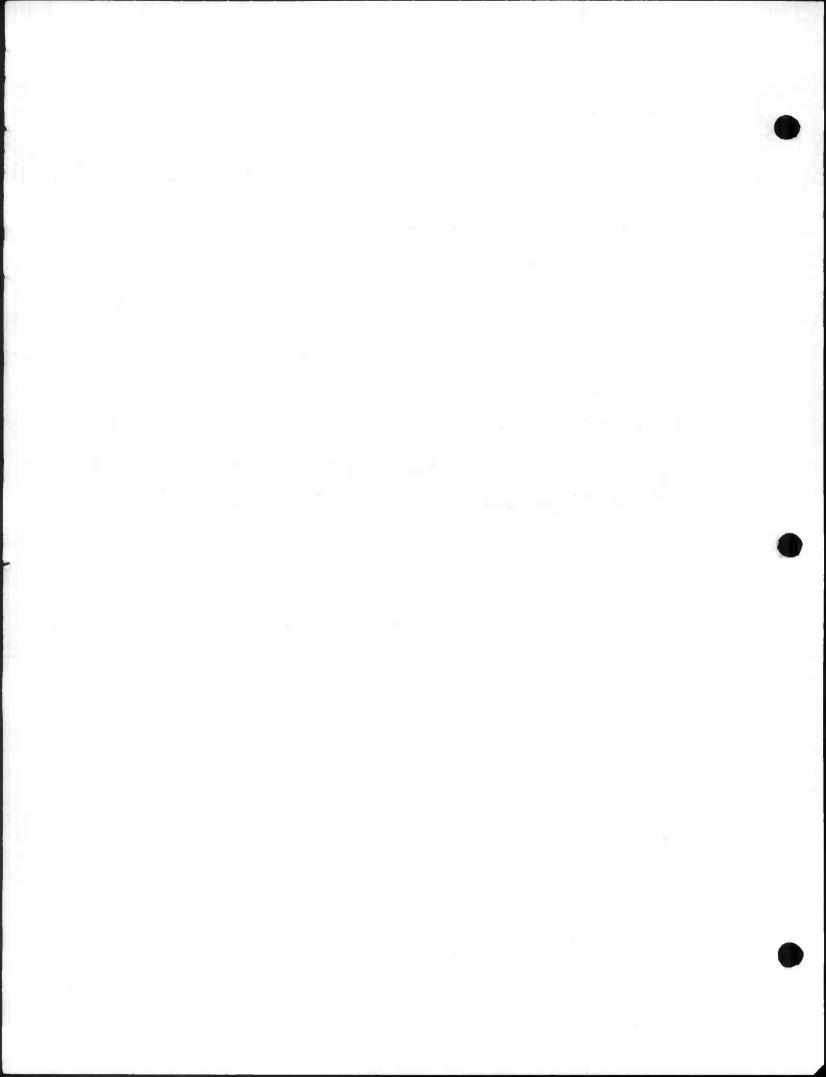
30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

BEZAR

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State of Maryland / Department of Health and Mental Hygiene

				Oldio oi i	viaryiari		rtificate of	Death		Reg. No.	1	11046
Г	Physici	an	1. Decedent's Nama (First, Middle, La	st)					2. Data of De Month	eth Dey	Yeer	3. Time of Deeth
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			St. Agnes Ho	spita1				Baltimo	re	N/A		
	Funeral		5. Social Security Number 6. S	Sax 7.	Aga (In yrs. le	est birthday)	If Undar 1 Yea	r If Under 24 Hr	s. 8. Date of Birt	h	9. Birthpl	lece (State or Foreign try)
l,	Director		213-13-8673 Usuel Residence of Decedent	№ М 2□ F	20	Yrs.	Months Days	Hours Mir			1976	Maryland
	oth with the Maryland 23a or 28a-f show ust.be.notified.st	o.	10a. State 10b. County			, Town or Lo					10	0d. insida City Limits 1√2 Yes 2 □ No
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<u></u>	permit. Pa Departmer Important any injury		21. Signature of Runeral Service Licen	1586		22	. Name and Addr	ass of Facility				
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	Physician 1		shock, or heart failure. List only	one teuse on each	line.			•				Intervel Betwaen Onset and Death
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			BERT F. MORTON	, M.D. S.	Γ. AGN	ES HOS	SPITAL 90	OO CATON	AVE., BA	LTIMORE	, MD	21229
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	Registr	ar	APR 14 1997	Julia Dur	ason-No	navel						



State of Maryland / Department of Health and Mental Hygiene

						Ce	runca	te oi	Death		Reg. No.		
			1. Decedent's Name (First, Middle	e, Last)		4				2. Date of De			3. Time of Death
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	/Medi Examii		4a. Facility Name (If not institution	, give street end numb	per)				4b. City, Town, or				
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- 65	Funeral Director		5. Social Security Number 232 10 6330	6. Sex 7.	Age (In yrs	last birthday) Yrs.	Months	Days			y, Yeer)		ve (Stete or Foreign Virginia
pue			Usual Residence of Decedent 10a. State 10b. County		10c C	ity, Town or Lo	ncation					104	. Inside City Limits
gung	23s or 25s-f show ust be notified at	2										100	1 ☐ Yes 2 No
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6	b a	Ģ					10t, Zi	p Code			10g. Citizen of		7
458	23 Dunit	ral	707 Maiden Cho					2122			U.S		
020 urs after de	Examiner r	by Funeral	11. Marital Status 1 Never Married 2 Marr 320 Widowed 4 Divorced	12. Was Deceded Armed Force 1 Tyes 2 If Yes, Give Year or Date	es? No		Was Dece If Yes, spo 1 Yes		Hispanlc Origin? (Sean, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	- 14. Rad Bla Specif	ca - American ck, White, etc y: Whi	
10	3	Completed	15. Decedent (Specify only highes	's Education		16a. Dece	dent's Usu	al Occu	pation	dian	16b. Kind of B	usiness/Indus	stry
112	HI	pje	Elementery/Secondary (0-12)	College (1-4	or 5+)	life.	DO NOT	ise retire	during most of wo id)	rking			
2/13	941	5	4th			Cor	nduct	or			Railro	ad	
Du a	19	Be (17. Fether's Name (First, Middle,	Last)					18. Mother's Na	me (First, Middle,	Maiden Sumen	ne)	
la dia	And	To		Sully Bo	nner				A	gnes Ca	arr		
ar	am a		19a. Informant's Name/Relations	nip (Type, Print)		19b. Maili	ng Addres	s (Stree	t end Number or R	ural Route Numbe	er, City or Town	Stete, Zip Co	ode)
≥ pu	27 H		F. Michael Bor	ner / so	on	1210	Hofi	man	Home Roa	ad Lit	ttlesto	wn, Per	nna.17340
e :	of He other		20a. Method of Disposition			Place of Dispo	sition (Na	me of	- T	Date	20c. Location		
E ST	0		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 🔯 Other 🔼	3 Removel from Sta	ate	en Hav	en Me	omor pie	ial Park	4/16/97	Glen H	Burnie	Maryland
Baltimore	ortant: injury	-	21. Signature of Funeral Service I		0110				ess of Facility				
m a	Dep any ang		Glorge	& Hon	as				nie Highw		funeral imore,		
			23a. Part1. Enter the disease of shock, or heart failure.	complications that cau	sed the dea	th. Do not en	ter the mo	de of dyi	ng, such as cardia	c or respiratory a	rest,	A	pproximate iterval Between
	nysician												nset end Deeth
	Medical		Immediate Cause (Final disease or condition	ACL	ITE I	RESPIR	CATO	24	FAILURE	ş		13	HOURS
E)	xaminer		resulting In deeth)	a		or as a conse							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
70		ner		CERE	BROW	ASCUL	9R	AC	UDENT			6	DAYS
X 68760, certificate be executed	nding physiclan and use as the burial-transit	Examiner	Sequentially list conditions.	b		or as a consec							
0,	an a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	CARDIA	AC A	POVTH	MA	1A	TRIAL.	FIBRILLA	TION		
68760,	ysicl le bu	edical	that initiated events resulting in death) Last	С	Due to (or as a consec	uence of)	/					
68 tifica	문 Be 라	Je led	resulting in death) Last	HYPFI					CEEROT	IC CAPA	AUREI IN	an	
0		Mu.		d	170743	, , ,	1110	03		- 4/4)	0.4		
Geat	led by the atter	Physicia	Part II. Other algnificant conditio	ne contributing to deat	h but not rec	sulting in the u	nderheina	cause ai	ven in Part I	23h Did		EASE	ne cause of death?
P.O.	ache	hys				_	ndonying	oauso gi	voir iii i ait i.				bly 4 Unknown
s tha	peu e	ру Р	(01)	EMPITY-	PEIVI	-					100 20110	o par i robui	ory 4 distribution
I Records, P.O. Bo	has been signed t ge 2 should be det	Completed b	CONGESTIVE	HEART	FAILL	RE.				24e. Wes perto	an autopsy rmed?	eveila	autopsy findings able prior to eletion of cause eth?
E &	ate ha	5								101	res 200 No	1 🗆 Y	es 2 No
Vital	is certificate director, pag	Be (25. Was case referred to medical examiner?						26. Piace of De	ath (Check only o	ne)		,
of Vita	Ø .	2	1 ☐ Yes 2 ☐ No	Hospitai:	atient 2	ER/Outpatier	nt 3 D	OA Oti	her: 4 Nursing H	lome 5 Resid	dence 6 □Oth	ner (Specify)	
0 4	h. After th funeral		27. Manner of Death	28a. Date of I	Injury Dey Yeer)	28b. Time of Injury	f	28c. inju Wo	ry at	28d. Describe I	now injury occur	red	
Vision	death.	atic	1 Naturai 5 ☐ Pending 2 ☐ Accident investig	1		mjury	М		Yes 2 □ No				
Division or Attending	after death. Director: After	ific	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Placa of	Injury - At h	ome, farm, str	eet, facto	y, office		28f. Location (S	Street end Numi	ber or Rurel R	Poute Number,
O P	s after	Certification:	- LI TOTTION	bullaing	, etc. (Speci	(y)				City or Tov	vii, 31818)		
The Hospital	within 24 hours after To the Funeral Director Completely filled in b	edicai (29e. Certifier (Check only one) 10 Certifying 2 Medical E	3 Phyeician: To the be examiner: On the bask and manner	s of exemina	owledge, deeth ation and/or in	occurred vestigation	at the ti	me, date end piece opinion, death occu	e, and due to the urred et the time,	ceuse(s) end m dete and place,	anner es state and due to th	ed. e ceuse(s)
Tothe	within To the comple	Me	29b. Signature end title of cartifier	3,74,110,110	-10.00		29	c. Licen:	se number		29d. Date signe	d (Month, De	y, Year)

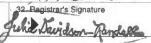
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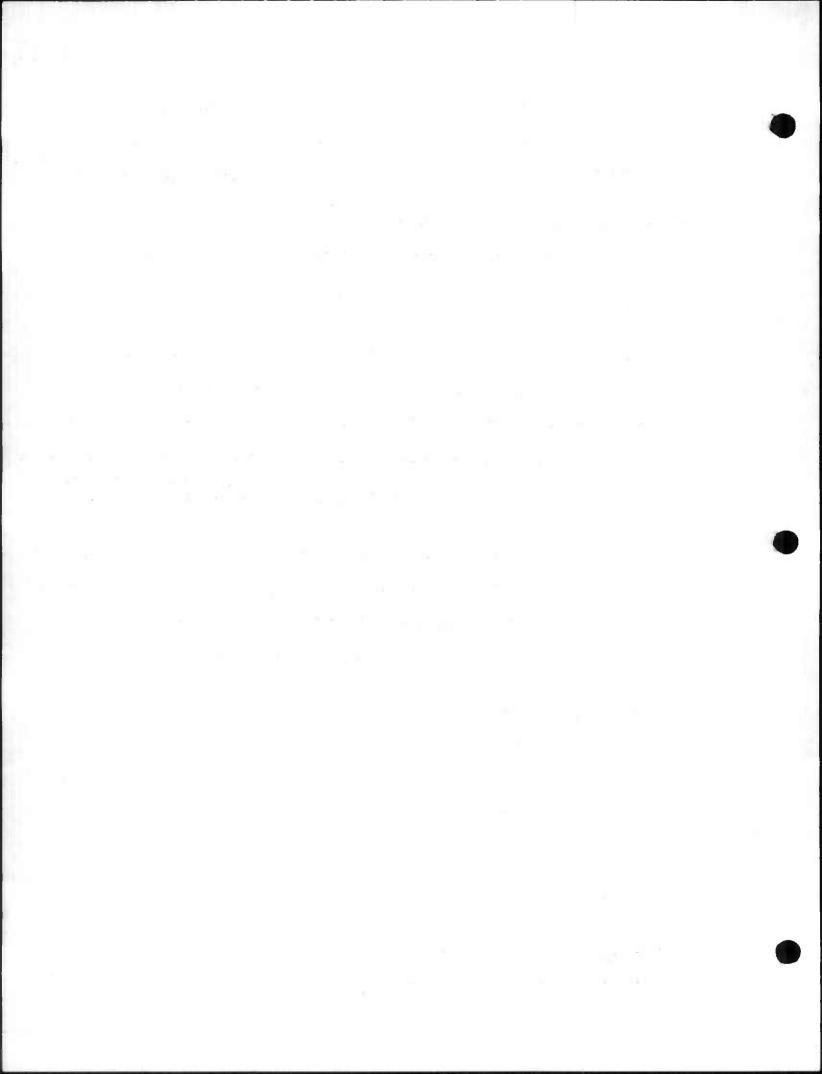
30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) 3001- S. HANDUER ST. MUHAMMAD N. FIROZ MD HARBOR HOSPITAL CENTER BALTIMORE

State Registrar

31. Date filed (Month, Dey, Year)



within 24 hours after dea To the Funeral Director completely filled in by th



			State of Man		rtificate of			Reg. No.) /	11048
Physic /Med	ical	1. Decedent's Name (First, Middle, Last) Elizabeth	Mae	Bli	zzard	4.07.7		9, 1997		3. Time of Deeth 10:37 A.M.
Exam Funera Directo		214-20-2730	Hospital	n yrs. last birthdey) 71 Yrs.	If Under 1 Yeer Months Days		8. Date of Bir	Har	ford 9. Birthpla Countr	ce (State or Foreign y) y1and
show ahow ed.at		Usuai Residence of Decedent 10e. Stete 10b. County	10	oc. City, Town or Lo	ocetion				100	d. Inside City Limits
the Maryland 28a-f show notified at	Director	Maryland Harfor	d	Joppa						1 ☐ Yes 2 ☒ No
200		1721 Singer Road			10f. Zip Code 210	o E		10g. Citizen of V		
WH.	by Funeral		2. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:			Hispenic Orlgin? (S ban, Mexican, Puer	Specify Yes or No to Rican, etc.)		e - Americar k, White, et	n Indian, ic.
Baltimore, Maryland 21215-07 semit. Pages 1 and 2 should be lilad within 72 bound beautiful Hygene. The properties of the framewise event, the Medicial English in 18 bounds.	Completed	15. Decedent's Educ (Specify only highest grade Elamantary/Secondary (0-12)	ation	(Give	dent's Usuel Occu kind of work done DO NOT use retire Beautici	during most of wo ed)	rking	16b. Kind of Bu	Salo	
yland 2 buid be lited Mental His inked other	To Be Co	17. Fether's Neme (First, Middle, Last) Asher Denton				_	ma (First, Middle,			
re, Marylc s 1 and 2 should f Health end Mer tem 27 is marks other traumatic	F	19a. Informent's Neme/Relationship (Typ	pe, Print)	19b. Maili	ng Address (Stree	t and Number or Ri	ural Route Numb	er, City or Town,	State, Zip C	code)
of Health item 27 i		Mr. Carl E. Blizzan		and 172	1 Singer	Road Jo	ppa, Mai		210	
Pages nent of H		1 ⊠ Buriai 2 □ Cremetion 3 □ Re	emoval from State	cemetery, crer	matory or other pla	,	Dete	20c. Location -		, Maryland
Baltimor permit. Pages Department of Important: If it any injury or o		4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service License		Glen Haven avoyna 24	2. Name end Addr		altimore			
Demai Department		Marks T. 2	ED-		Leonard :	J. Ruck,I		,		1417
Physician /Medical Examiner		23e. Pert1. Enter the disease, or camplic shock, or heeft failure. List only on Immediate Ceuse (Final disease or condition resulting In death)	Acute C		Artery		31-32-133	rrest,	1	Approximata nterval Between Onset end Deeth
58760, icate be executed physicien end s the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause, (Disease or Injury	ASCVD	a to (or as e consec	quence of):			-	1	
= 00	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last	Due	e to (or es a conseq	quenca of):				1	
death cert death cert e ettendin	Physician/M	Part II. Other significant conditions cont	ributing to death but n	ot resulting in the u	nderiving cause g	iven in Pert i.	23b. Dld	tobacco use co	ntribute to t	the cause of death?
P.O. thet the sed by the detecha	by Phys							Yes 25No		ably 4 ☐ Unknown
ecord aw requir ts been s 2 should	Completed							an autopsy ormed?	com	e autopsy findings lable prior to pletion of cause aath?
The state of							10	Yes 2 No	1 🗆	Yes 2 No
of Vital Physician: T this certificat ral director, p	To Be	25. Was case raferred to medical examiner? 14 Yes 2 No	ospital:	2 ER/Outpatier	nt 3 DOA O	her	ath (Check only of dome 5 ☐ Resi		er (Snecity)	
O & E E		27. Manner of Death 1 □ Naturel 5 □ Pending	28a. Date of Injury (Month, Day Ye	28b. Time o			_	how injury occur	1 1 11	
Wittend death ctor:	Certification:	2 Accident Investigation 3 Suicide 6 Could not be detarmined	N A 28e. Placa of Injury building, etc. (S			Yes 2 No	28f. Location (City or To		er or Rurai i	Route Number,
DIV To the Hospital or / within 24 hours effer To the Funeral Dire completely filled in L	edical Co		clan: To the best of mer: On the basis of ex	aminetion end/or in						
of the of the omple	Mec	29b. Signature and title of certifier	and manner steted		29c. Licen	se number		29d. Date signe	d (Month, D	ay, Year)
->-0		1 youms	men	✓_DME		OCME		April	L9th	1997
10		30. Name end eddress of person who cor						. 3-		
()	ato	Ganesh S. Prabhu 31. Dete filed (Month, Day, Year)	22 Registrar's	Signeture	el Air Ro	. Suite	102 Fa	llston,	MD	
St Regist	ate rar	APR 1 4 1997	July Saint	And Broke	2.					

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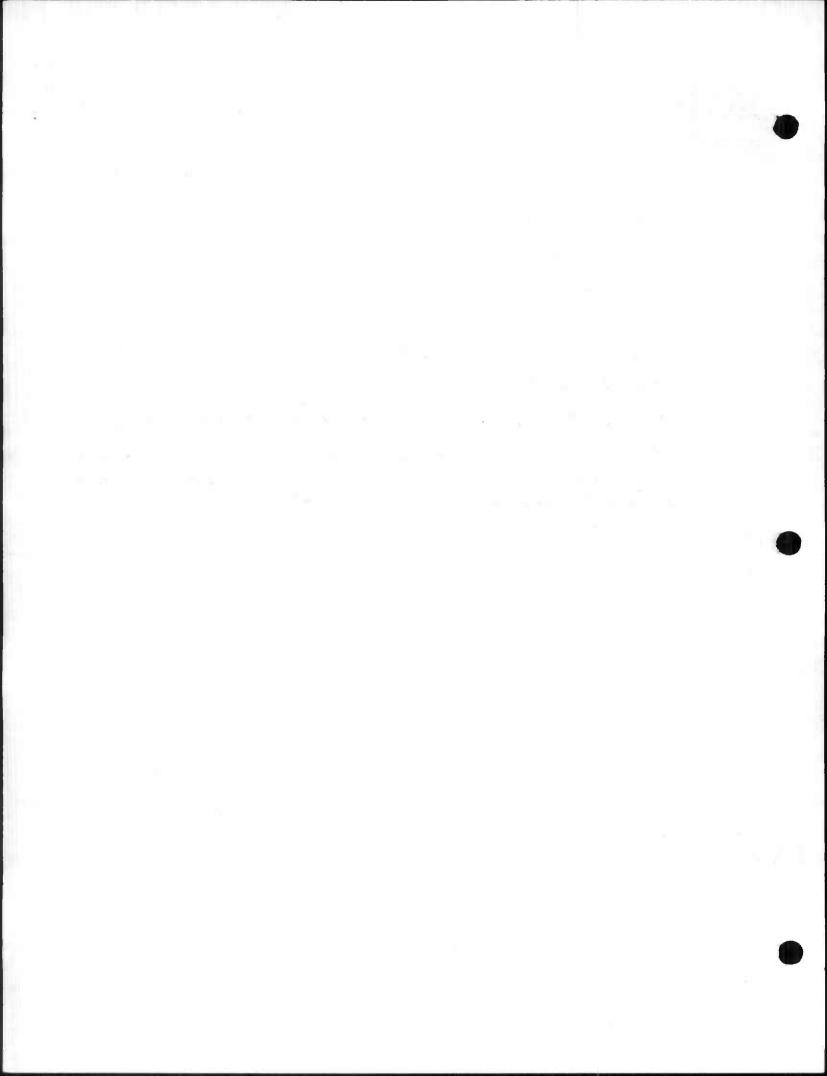
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					061	imoat	CUI	Death			Reg. No.			
Physici	an	Decedent's Neme (First, Middle, La	ist)							2. Dete of D Month	Deeth Dey	Year		ne of Deeth
/Medic		Casimir		A.		Ba	alce	rzak		April		, 1997		A.M.
Examir		4e. Fecility Name (If not institution, git		mber)					wn, or Lo	cation of Dea	ath 4c.	County of De		
		4122 Perryview R				Milada	1 1 Vaar	N/A	0411			Balti		
Funeral Director			Sex M 2□ F	-	5 Yrs.	Months	Days	if Under Hours	Min.	8. Data of B (Month, I 11/6/	Dey, Year) 1911	9. Bi	inthpleca (State Country) ryland	ita or Forei
ž ==		10e. Stele 10b. County		10c.	City, Town or Lo	cation							10d. Inside	e City Limi
23a or 28a-f show unt be notified at	Funeral Director	Maryland Baltim	ore		N/A	404 70							† ∑ Y	Yes 2 1
23a or	I Dir	10e. Street and Number 4122 Perryview Ro	ad			10f. Zip	2123	36			USZ	en of Whet C A	ountry?	
items 2	nera	11. Marital Stetus	12. Wes Dece	dent Ever in	U,S. 13.	Wes Deced	dent of H	lispanic Ori	gin? (Spe	ecify Yas or N	lo- 1	4. Rece - Am Black, Wh	arican Indien	٦,
2 6	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1X Yes If Yas, Giv Yeer or Do	2 □ No		1 □ Yas			, , , ,	moun, oto.,		Specify: W		
- 20	Completed	15. Decedent's E (Specify only highest gra	ade complated)	40.50	16a. Deced (Give life. I	ient's Usue kind of wo DO NOT us	rk done	during mos	t of worki	ng	16b. Kir	nd of Busines	s/Industry	
tha the	Eo	Elementery/Secondery (0-12)	College (1	-40r 5+)	Carri	er					US I	Post O	ffice	
other out,	Be C	17. Fathar's Nama (First, Middla, Last			,			18. Mothe	r's Neme	(First, Midd	le, Meiden S	Sumeme)		
nd Mental Hygiana. marked other than imatic event, the M	TOE	Constantine Balc	erzak					Anast	casia	a Sobe	cka			
it of Haalth and Men If item 27 is marke or other traumatic		19e. Informent's Name/Reletionship (Estelle A. Balce		Wife		-	-					Town, State, MD 212.		
Dapartment of Haalth ar Important: If item 27 Is sny injury or other tractonce.		20e. Method of Disposition 1		24-4-	Place of Dispo cemetery, cren oly Ros	netory or o	ther pled	ce) tery	4	Dete 1/14			Town, State	
Dapartment of H Important: If its sny injury or of once.		21. Signature of Funeral Segree Lice	nsee									r Fune:	ral Ho	mes
ding physician and physician and physician and not as the burial-transit	Physician/Medicai Examiner	Immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b	Due to	Vasculdor es e consequence de conseq	uence of): uanca of);	ar	renc					2	y nn
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ed by the atta detached for	ysi	Part II. Other algnificent conditions of	ontributing to de	ath but not re	esulting In the ur	nderlying c	euse giv	en in Pert I				/	te to the caus	
signed b	by Pi							-		1	Yes 2	2 No 3∐I	Probably 4	I 🗌 Unkn
peen	Completed									24e. We	s en eutops formed?	sy 24b	Were eutops eveilable pri complation of of deeth?	ior to
paga 2	EO									1	Yes 2	No.	1 ☐ Yas 2	2□ No
cartificate rector, pag	Bec	25. Was case referred to medical						26. Place	of Deeth	(Check only	one)			
- C	2	exeminer? 1 ☐ Yes 2 ☑ No	Hospital: 1 1	npatient 2	☐ ER/Outpatien	t 3 DC	Oth Oth	ier: 4 🗆 Nu	rsing Hor	ne 5 Re	sidence 8	□Othar (Sp	ecify)	
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS		27, Menyler of Death 1 Natural 5 Pending 2 Accident investigation		of Injury h, Dey Yeer)	28b. Time of Injury	M 2	8c. injur Wor		2	28d. Describe	-			
Office od in by III.	Certification:	3 Suicide 6 Could not be determined	a 28e. Piece	of Injury - At ng, etc. (Spec	home, farm, streety)	eet, fectory	, office		2		(Street end own, Stete)		Rurel Route N	vum <i>ber</i> ,
within 24 hours To the Funers completely life	edicai (29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exer	ysician: To the niner: On the ba end menn	sis of exemi	nowledge, deeth nation end/or inv	occurred restigetion,	et the tin , In my o	ne, dete en pinion, dee	d plece, e	and due to the	e ceuse(s) e, date end	end menner e place, and du	es steted. ue to the ceus	se(s)
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To the	-		2.0	- //		OGH .			_		-			
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State of Maryland / Department of Health and Mental Hygiene

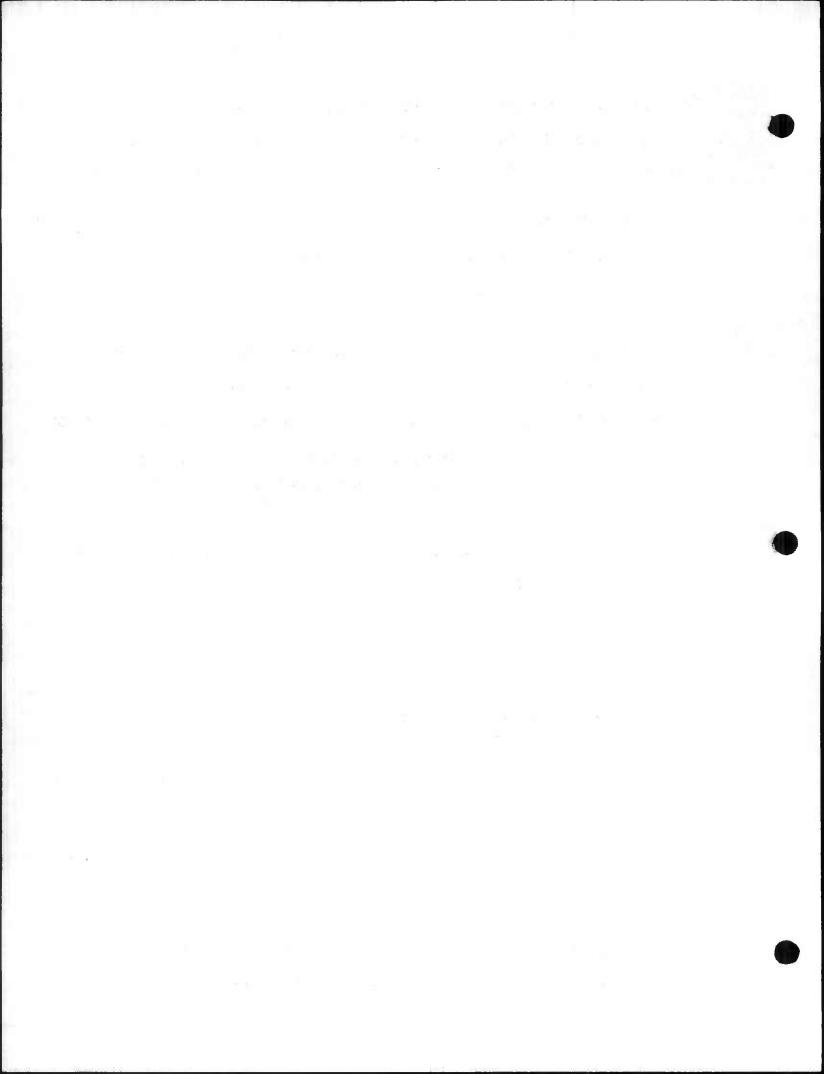
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						Ce	rtificate	ot L	eath		F	leg. No.		
		П	1. Decedent's Nama (First, Middle, Las	st)			1,0				Dete of Dee			3. Tima of Death
	Physic		JESSIE CA	THERINE		BUO	NSIGNO	RE			Month PRIL	7, 19	Year 97	10:03 P
	/Medi		4a. Fecility Name (If not institution, give		her)	200	TOTON	-	. City, Town				ty of Death	
	Examii	ner	SAINT JOSEPH			מתיי			TOWS					
			5. Social Security Number 6. S		7. Age (In yrs. las		If Undar 1 Y	'ear	If Under 24		Date of Birth		LTIM	
	Funeral			□M 2X F	7. Age (111 yrs. 14:	Yrs.		ays		Min.	Dete of Birth Month, Day 2/21	Year)	9. Birth	nplece (State or Foreign untry) RYLAND
	Director		Usual Residence of Decedent		70					44/	2/21		MA	KILAND
pus	B		10a. State 10b. County		10c. City,	Town or L	ocation				_			10d. Inside City Limits
Ago	a show	5	MARYLAND BALTIM	ODE		TYO	VSON							1 ☐ Yes 2 ☐ No
2	or 28a-f show be notified at	Director	10e. Street and Number			101		4.						45
with the Maryland	8 8				07.0		10f. Zip Co		0.6			l0g. Citizen o		untry?
death	22 48	Funeral	1000 E JOPPA ROAI					212				US		
90	llems ther my	e i	11. Marital Status	Armed For	dent Ever in U,S. ces?	13.	Was Decedent if Yes, specify (of His Cuban	penic Origin , Mexican, F	n? (Specify Puerto Rica	Yes or No- n, etc.)		ace - Amer ack, White	ican Indien, , etc.
20	8 17		1 Never Married 2 Married	1 ☐ Yas	2] () No ∍		1 ☐ Yes 2X	No	Specify:			Spec	itv	
8/	13	ed by	3 Widowed 4 □ Divorced	Year or Da	tes:							-	WH	ITE
J.	188		15. Decedent's Ed (Specify only highest gra-	lucation de completed)		(Give	dent's Usual O	one du	tion uring most o	of working		16b. Kind of	Business/I	ndustry
£ \$	MI	Complet	Elementery/Secondery (0-12)	College (1-	4or 5+)	life.	DO NOT use re	etired)						
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D S	TO	Be	17. Father's Name (First, Middla, Last)					1	18. Mother's	s Name (Fir	st, Middle,	Meiden Sume	ime)	
yla yla	d Menta marked matic e	2	CHARLES JANIS						MARY	JEN	ELIUN	AS		
Maryland	h and Mar 7 is marks traumatio	1	19e. Informent's Neme/Reletionship (7	ype, Print)		19b. Maili	ng Address (St	reet er	nd Number	or Rural Ro	ute Numbe	r, City or Tow	n, State, Z	ip Code)
	427 227		KEVIN P. BUONSIGN	ORE	SON	8853	GREEN	NE	EDLE I	DRIVE	PERI	RY HALI	, MD	21236
ere.	5 5 5		20a. Method of Disposition		0.00	ce of Disp	osition (Name o	of place	1	D	ate	20c. Location	- City or T	Town, State
mor	to 0		1 ☐XBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		tate		OF FAI			4/1	1/97	PARKV:	TITE	MD
Baltimore,	원원균.		21. Signature of Funerel Service Licen		GAIN		2. Name and A			7/1.	1/5/	I MICIO		TID
Ba	Depa Impo any is		101 +-	2	or it		JOHNSON			HOME	852	1 LOCH	RAVE	N BLVD.
			Christina C	1)110/	Carrie		NOSWOI							
			23a. Part1. Enter the disaase, or comp shock, or heart failure. List only	olications that ca ona cause on ea	used the death. ich line.	Do not an	ter the mode of	dying,	, such as ca	ardiac or res	piratory an	est,	i	Approximate Interval Between
	ysician												į	Onset and Death
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P.O.	ed by the atted	ıys	Part II. Other significent conditions co	ntributing to dea	ath but not resulti	ing in the u	inderlying cause	e giver	n in Pert I.					to the cause of death'
T tat	date date		PULMONARY INT	ERSTIT	IAL FI	BROS	IS				1 <u>X</u> _1 Y	es 2∐ No	3 Pre	obably 4 - Unknow
Vital Records, P.O. Bo	5 2	d by	ISCHEMIC HEAR	r DICE	\CF					_ -	Ode Wee		24b W	Vere eutopsy findings
0	been si should	Completed	IDCHILITE HEAR.	L DIGER	תמב					- 1	24a. Wes e perfor	med?	9	veileble prior to ompletion of cause
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of Vita Physician:	s certificate director, peç	Be	25. Wes case referred to medical exeminer?						26. Place of	Deeth (Ch	eck only or	ne)		
Of \	8 TO	ဥ	1 ☐ Yes 🎇 ☐ No	Hospitel: 1X In	patient 2 EF	R/Outpatie	nt 3 DOA	Other	4 □ Nursi	ing Home	5 Resid	ence 6 🗆 O	ther (Spec	ify)
0 5	h. After thi funeral		27. Manner of Deeth	28e. Date of	Injury 2 , Day Year)	8b. Time o	f 28c.	Injury a Work?	at	28d.	Describa h	ow injury occu	ırred	
io e	leath. tor: Aff the fu	atic	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation		, Day Toally	injury			es 2 No					
Division or Attending	after death. Director: After I In by the fune	IIIc	3 ☐ Suicida 6 ☐ Could not be determined	289. Place of	of Injury - At hom	e, farm, st	reet, fectory, off	fice		28f. I	ocation (S	traet and Nun	ber or Rui	ral Routa Number,
	d in	Certification:	4 Homigige	building	g, etc. (Specify)					- '	City or Tow	n, Stere)		
spite	24 hours Funeral itely filled		29a. Certifier 1 Certifying Phy	sicien: To the b	est of my knowle	edge, deet	h occurred et th	e time	dete end r	plece and o	lue to the c	ause(s) and n	nenner as	stated
Division To the Hospital or Attending	within 24 hours afte To the Funeral Dir complately filled in	edical	(Check only 2 Medical Exam	iner: On the bas	sis of examination	n end/or in	vestigation, In r	ny opi	nion, death	occurred et	the time, d	ate and place	, end due	to the cause(s)
o the	within Z	M	29b. Signature end title of certifier	(IIII)			29c. Lie	cense	number		1 2	9d. Date sign	ed (Month	Day, Year)
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	10		1 store dad	W. d	e Leon		100	<i>)</i> 1	9508		(you	7,1	177
	10		30. Name and eddress of person who d	completed cause				_						
	1		NATIVIDAD D. DE	LLEON,	M.D.,	7620	YORK	RC	DAD,	TOWS	ON, I	MARYL	AND	21204

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Day, Year) APR 14 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** DOROTHY EDNA BONADIO 11, 1997 APRIL /Medical 3:15 pm 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner GOOD SAMARITAN HOSPITAL BALTIMORE N/A If Undar 1 Yaar 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Months Days Hours 82 Yrs. 216053560 MAY 29, 1914 MARYLAND Usual Rasidanca of Dacedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director MD BALTIMORE ROSEDALE 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 500 PATAPSCO AVENUE 21237 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐XNo Spacify: Yas, Giva þ Specify. 3 DWidowad 4 □ Divorced Yaar or Datas: WHITE Completed 16a. Decadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9 HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnema) Be 2 CLIFF MYERS ROSE BYERS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) VICKI C. HOWES / DAUGHTER 500 PATAPSCO AVE ROSEDALE, MD 21237 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4/15/97 MIDDLE RIVER, MD HOLLY HILLS 4 Donation 5 Othar (Spacify) al Service Licensee 22. Nama and Addrass of Facility CVACH/ROSEDALE FUNERAL HOME 21237 1211 CHESACO AVE 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition rasulting in daeth) henmania 2 days Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, leading to immadiate ceuse. Enter Undarlying Ceuse (Disaasa or Injury that initieted avants rasulting In daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Type 2 No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings available prior to complation of ceusa of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 Ot No 1 Yas 2 No Be 25. Was cesa rafarrad to medicel examiner? 26. Place of Death (Chack only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4⊠ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 28e. Deta of Injury (Month, Day Year) 27. Mennar of Daath 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending invastigation 1 Netural 1 Yas 2 No 2 Accident 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 29a. Certifian Certifying Physicien: To tha best of my knowledga, death occurred at the time, deta and place, and due to the causa(s) and menner es steted.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at tha tima, data and place, end dua to the cause(s) and mannar stated. Medical 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Dacker Kerekon, M.D. 47813 April 1997 30. Name end eddress of person who complated ceusa of death (Item 23a) (Type, Print) 3007 E. Northern Baltimore 21214 Parkway BASHAR KARAKASH 31. Data filed (Month, Day, Year) 32 hanistrary signature APR 14 1997

State Registrar

Funeral

Director

ns 23a or 28a-f show must be notified at

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permit. Pages 1 and 2 st Department of Health and Important: If Ihem 27 is n any Injury or other traum since.

Physician

/Medical

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To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Diractor: After this certifica completely filled in by the funeral director, I

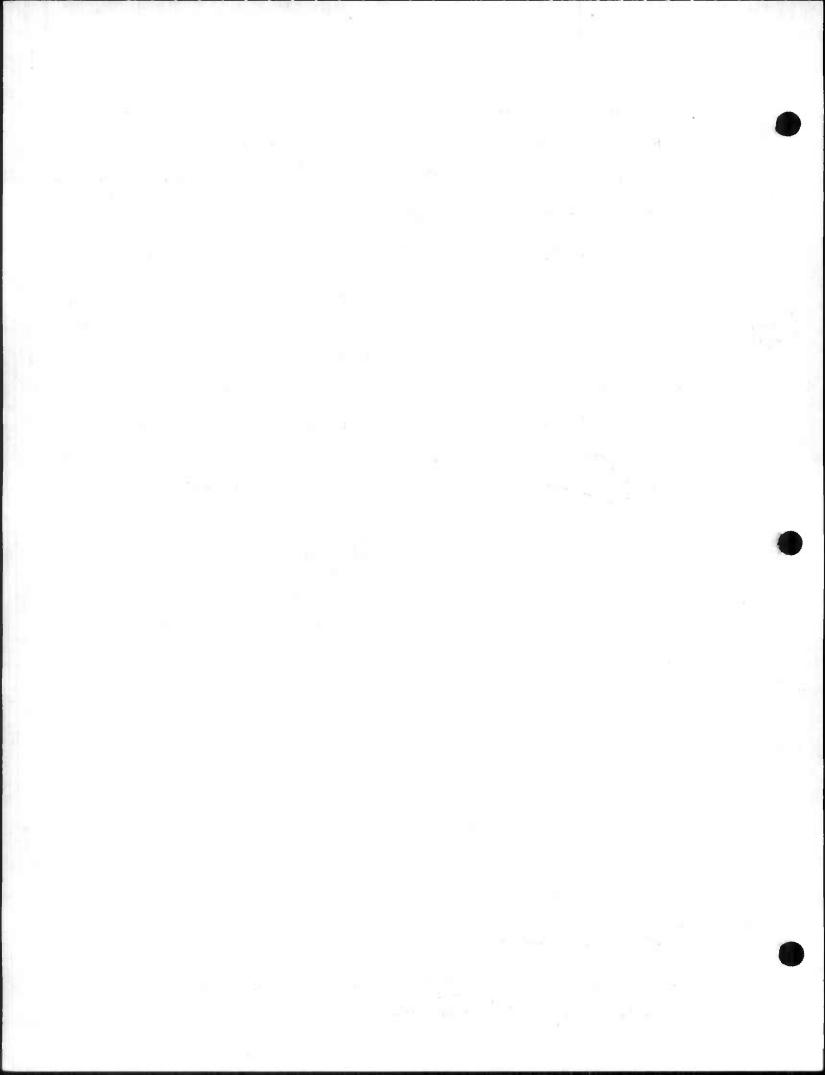
The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records.

the Marylan

Baltimore, Maryland



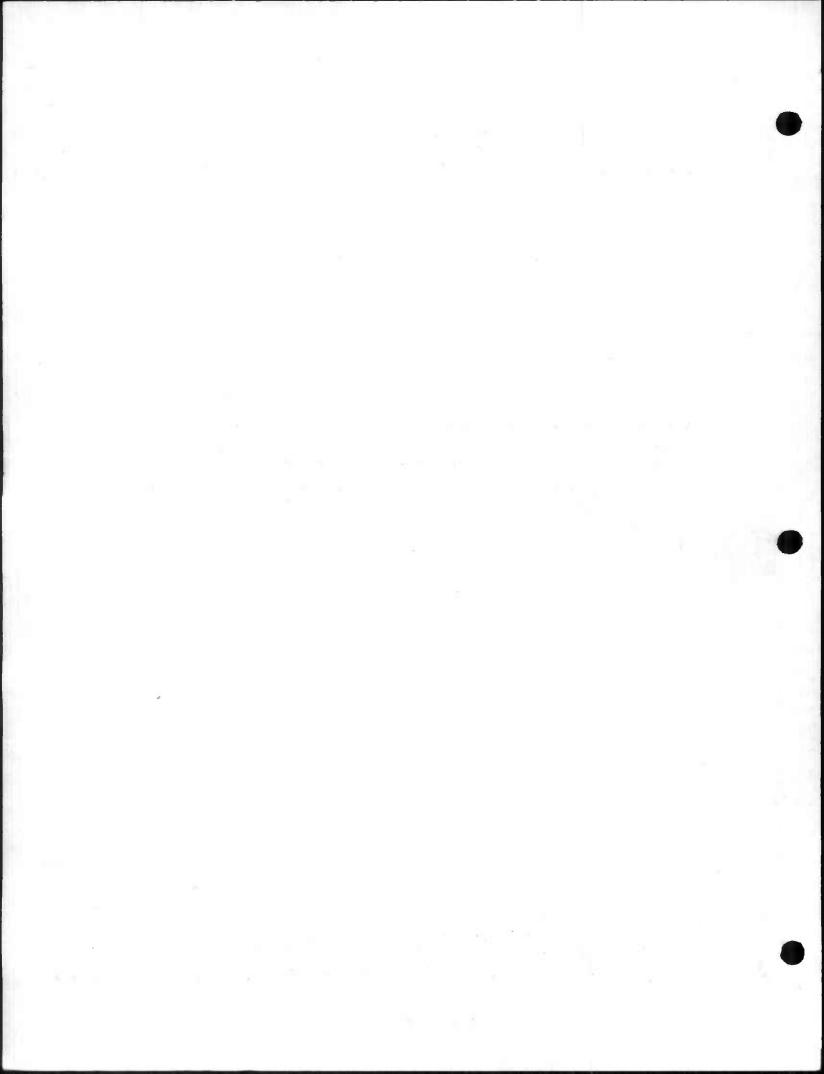
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Data of Deeth 3. Time of Deeth **Physician** /Medical 4e. Fecility Nama (If not Institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner Bacto 12 If Undar 24 Hrs. If Undar 1 Year 5. Sociei Sacurity Number last birthdey) 9. Birthpiece (State or Foreign —Country) **Funeral** Months Days Min. 415-40-10 M 20 F Hours ENNESSEE Director Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Marical Examines must be notified at 1 Pres 2 □ No by Funeral Director NIA BALto 10e Street end Number 10f Zin Code 10g. Citizen of Whet Country? AVR 6000 21212 VRV EVE 4, 5, A

14. Rece - American Indien,
Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas?

1 □ Yas 2 □ No If Yes, Give Yeer or Datas: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Nevar Married 2 Merried 1 Yes 2 No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CLERK BELL 17. Father's Nema (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumeme) Be COMA NELSON To Streeter 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 409 E. Cold BOMAN-WIFE ELIZABETH LANE BALTO. Md. 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 D Burial 2 Cremetion 3 Ramovel from Stata 4/15/97 OWING 4 Donetion 5 Other (Specify) GATTISON FOREST VET, CEM M.115 21. Signature of Funeral Service Lice 22. Name and Addrass of Facility Word Way Bacto. JEFF MILLER P.C. FUNGVAL HOME SEVVICE Enter the classes, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, or heart the une. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immadiate Ceuse (Final diseese or condition resulting in deeth) 20 years Examiner Examiner I or Attending Physician: The law requires that the death certificate be executed after death.

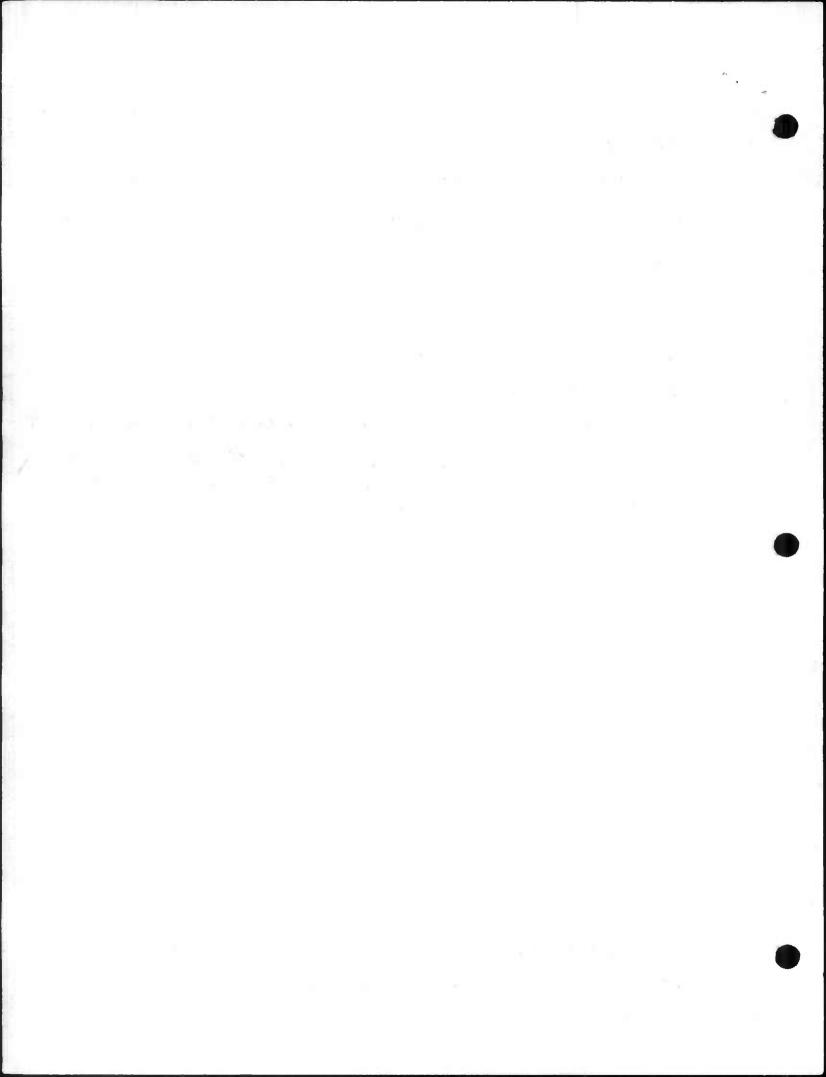
Director: After this certificate has been signed by the attending physician and Sequentially list conditions, if eny, laeding to immadiate cause. Enter Underlying Cause (Diseese or Injury thet Initieted events rasulting in deeth) Last Division of Vital Records, P.O. Box 68760, ed by the attending physician detached for use es the burie heumone Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detact 1 Yes 3 Probably 4 Unknown 2/ No by Be Completed 24b. Were eutopsy lindings available prior to completion of causa of deeth? 24a. Wes en eutopsy performed? 20 No 1 Yes 25. Wes casa referred to medical examiner? 26 Place of Deeth (Check only one) Other: Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Dey Year) funeral 27. Mennar of Deeth 28b. Tima ol 28c. Injury et 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Invastigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated.

Medical Examiner: On the besis of axaminetion end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the cause(s) end menner stated. Medical 29e. Certifier (Check only one) 29b. Signeture end title of 29d. Dete signed (Month). Day, Year) won 30. Name and eddress of person who completed cause of daath (Item 23a) (Type, Print) NGUYEN VUONG Vu 31. Dete liled (Month, Day, Year) 32. Registrer's Signeture State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

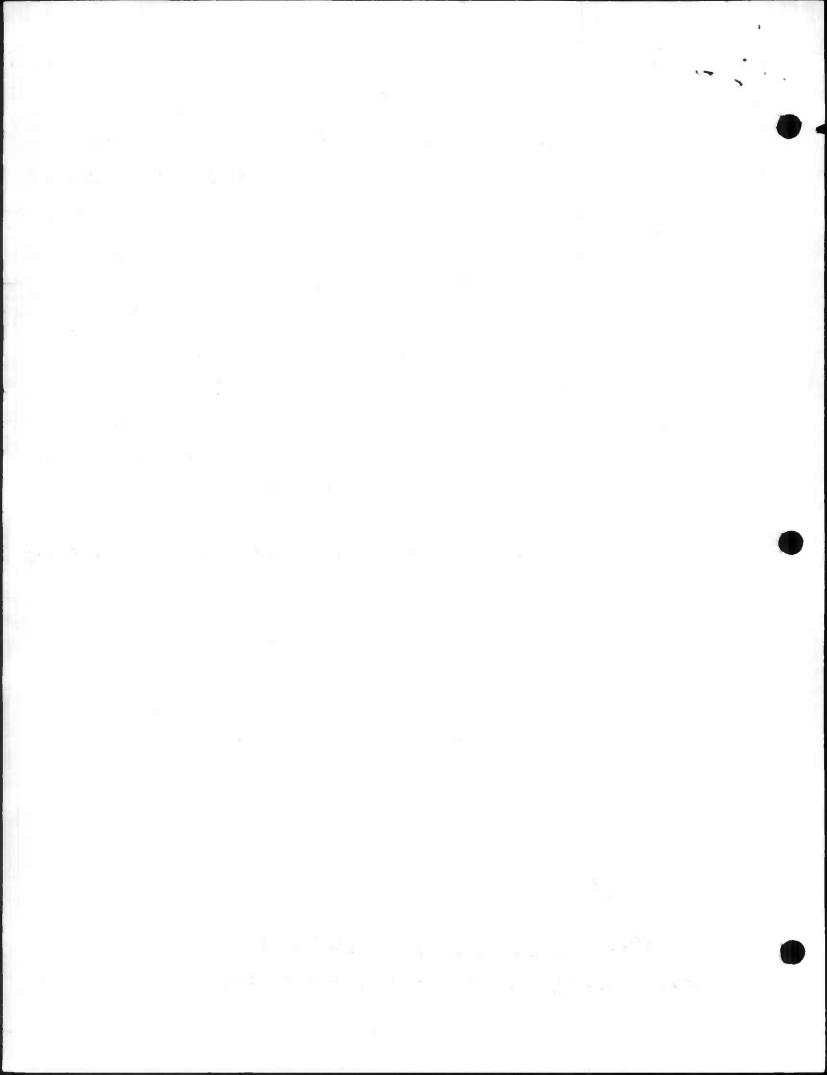
	^		Certifica				Reg. No.	97	11053
,	Physici /Medi		1. Decedent's Name (First, Middle, Last) ALBERT V. CROMWELL			2. Dete of Dec Month APRIL	Dey	Yeer /997	3. Time of Deeth 8 00 Am
	Examir		4e. Fecility Neme (If not institution, give street and number) CHUYCH HOSPITAL		4b. City, Town, or L BALH A	and the second s		c. County of Death	
	Funeral Director		213-26-8039 107M 20 F 73 Yrs. Month	hs Deys		8. Defe of Birt (Month, De FERS. 23	h, Year)	9. Birthple Country	ece (Stete or Foreign
	Maryland H ehow	tor							d. fnside City Limits
	with the	il Director		Zip Code	.3/		10g. Citizen of \		ry?
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at ODGs.	by Funeral	11. Merital Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Merried 2 Merried 1 Yes 2 No	ecedent of t	Hispenic Origin? (Sp pan, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Rec	e - America ck, White, el	lc.
		To Be Completed			petion during most of work ed)	ing	16b. Kind of Bi	usiness/Indu	ustry
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			Ethel Cromus / Sister 173001	B161	tend Number or Rui	no Ho	NKFOR.	Aid	21111
			20e. Method of Disposition 1 Burlel 2 Cremefion 3 Removel from Stete 4 Donetton 5 Other (Specify) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 4 Donetton 5 Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility CAATMA - How 5 FH.						
<u></u>	Physician and /Medical Examiner site pull-fransit site prilating is the pull-fransit site.	Physician/Medical Examiner	Bolh His Resease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between interval Between						
			immediete Ceuse (Finei diseese or condition resulting in deeth) e. VENTRICUL.	ARRHYTHMIA			4	Onset and Death	
Division of Vital Records, P.O. Box 68760,			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last Due to (or es e consequence of): C. Due to (or es e consequence of): C. Due to (or es e consequence of):						
	es that the death certifications by the attending be detached for use a		Pert ii. Other signiffcant conditions confributing to death buf not resulting in the underlying cause given in Pe			23b. Did tobacco use contribute to the cause of death?			
	To the Hoppital or Attending Physician: The law requires that the death certise within 24 hours after death. To the Functal Director, After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use	by	RESPIRATORY FAILURE HYPOTENSION			1 Yes 2 No 3 Probably 4 Onkno		re autopsy findings ilable prior fo	
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		To Be	25. Wes case referred to medical exeminer? 1 Yes 2 Yes No	28c. inju Wo	26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ijury et Vork? 28d. Describe how injury occurred Over 2 No				
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		edical	29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) end menner stefed.						
		N	29b. Signeture end fitte of contiller 29c. License number 29c. License number 29c. License number				29d. Dete signed (Month, Dey, Year) 4/10 /1997		
			30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) R. BOKHARI M.D. 100 N. BROADW	AY	BACTI	MCRE.	md 2	123	/
	Sta Registr	_	31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM#8 PER F.H. FLM#G756 4/15/97 J.A State of Maryland / Department of Health and Mental Hygiene Item#0b 4-14-97 FilmG746 W.H. Per F/H Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Clark 6, 1997 **Physician** Month tarbara 30 DRIL /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner maryland General Baltimore Hospital If Under 1 Year 5. Social Sacurity Number Birthplace (State or Foreign Country) 6. Sex 7. Aga (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 948 **Funeral** Months Days Hours 1 M 28F 229-68-7650 Yrs. Director ray Usuel Residence of Decedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner nast be notified at N/A 1 Yes 2 No Director BALTIMUR Mary Issus 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ō LAUVEUS STrEET Herris 23a 519 U513 Funeral 12. Was Dacedent Ever in U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 6 Baltimore, Maryland 21215-0020 1□ Yes 2BNo Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) filed within 7 Hygiene. Alti non City d 2 should be filed within the and Mental Hygiene.
7 is marked other than " Elementary/Secondary (0-12) College (1-4or 5+) CLERIC 12th gads 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) Clark Pamlin EDWARD SADIE 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 st Department of Health and Important: If Itam 27 ia n any injury or other traun LAUrens Street Balti More, Med 21217 519 EHUS AVIEND 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal Irom State Kanpallstown, Mel 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHATMAN - HAMS

3 40 Ress Tor From LUAD 21. Signature of Funeral Service License 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, and, or heart failure. List only one cause on each line. Approximata Intervel Between Onsat and Death Physician BREAST CANCER /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner physicien and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed b Records, þ 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peeq page 2 s 200 No certificate 1 Yes 1 ☐ Yes 2 No Vital 25. Was case referred to medical examiner?

1 ☐ Yes 2 Û No Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) 27. Manper of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Vision 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, larm, street, factory, office building, etc. (Specify) 4 Homlcide To the Hospital within 24 hours To the Funeral completely filled 1111/CertifyIng Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) end menner es stated. Medical 29a. Certifie 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end manner stated. 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print) N. FUTAW 57. #305 BALTIMORE MD 21201 31. Date filed (Month, Day, Year) 32. Registrar's Signature State whe Davidson-Randall Registrar **DHMH 16 Rev 6/95**



State of Maryland / Department of Health and Mental Hygiene

			•	Certificate d	of Death	Re	eg. No.	, ,	11000
Physic	ian	1. Decedent's Name (First, Middle, La: CHARLES		FAIR		2. Data of Deat Month		Yeer	3. Time of Death
/Med	ical			EMAN	(h. 6h. Taua ad	4		1/	8:30 Pt
Exam	iner	Sing of Hospi	.1 . / - ')	4b. City, Town, or L	Ocation of Death	4c. County		
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Funera Directo	_		PM 20 F 63	Yrs. Months De		8. Dete of Birth (Month, Day,	Year)	Coun	lece (Stata or Foraig try) 5.C,
Mand Mand		10a. State 10b. County	10c. Ci	ity, Town or Location				1	0d. Inside City Limit
Mary Mary	to	MD NA		Battimore					1 465 2 N
or 28	Director	10e. Street end Number		10f. Zip Cod		10	0g. Citizen of	What Coun	itry?
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AND	1	11. Maritai Status	12. Was Decedent Ever in L Armed Forcas?	J,S. 13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Spuban, Maxican, Puerto	ecify Yas or No- Rican, atc.)		ce - Amaric	
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Maryland 21215-0020 d 2 should be flad within 72 pours at th and Martal Hygisne. 7 is marked other than "natural". I wannestic event, the Medidal Exam	P	15. Decedent's Ed	Year or Datas: 1955		cupation		16b. Kind of B		
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emil. Pages 1 ar Separtment of Hea mportant: If them iny injury or other		20a. Method of Disposition 1 Burial 2 Cremetion 3	Removel from Stete	Pleca of Disposition (Name of cometery, crematory or other)			20c. Location	10	11
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Semil. Separt mport my in		21. Signature of Funerel Service Lican	1500	22. Nama and Ad	129		1161 7	E. N	orth Aux
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State Registrar

31. Date filed (Month, Day, Year)

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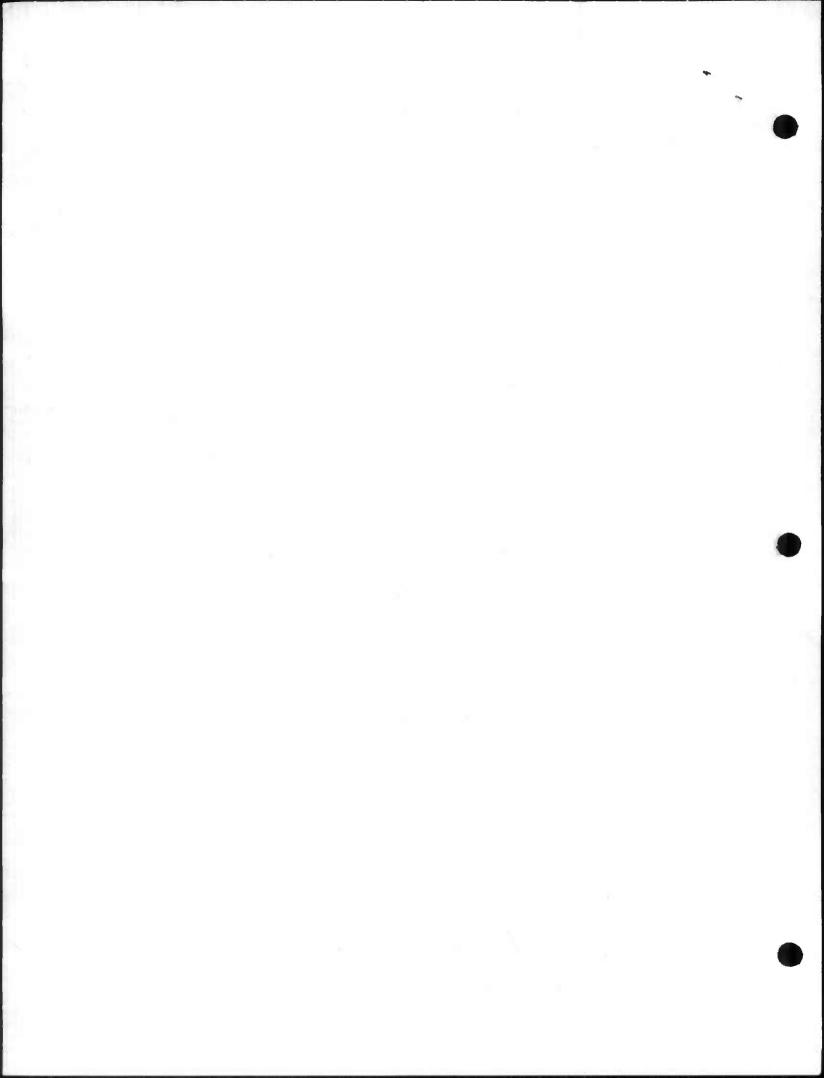
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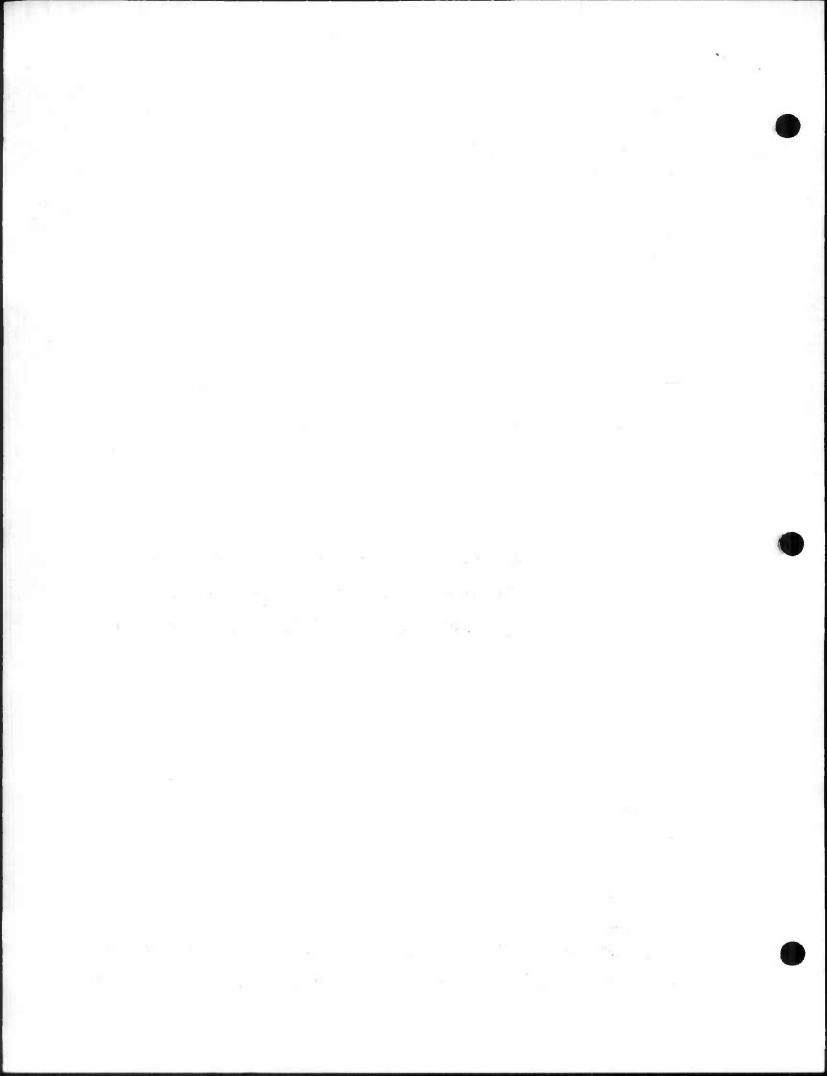
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State of Maryland / Department of Health and Mental Hygiene

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•					Cer	tificate o	f Death		F	Reg. No.		1100
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Exami		4e. Facility Name (If not institution, given the Liberty Man					BI	2/4/	ocation of Death		of Deeth	
Funeral Director		5. Sociel Security Number 6. S 212 - 26 - 2287 Usuel Residence of Decedent	ex 7. Ag	ge (In yrs. lest b	Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Birth (Month, Dey Apr 3	(Year)	9. Birthpl Count (Jas.	ace (State or Foreign try) H) M fon, D. (
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72 hours efter deeth with the Maryland naturel', or items 23s or 28s-f show dical Examiner must be notited at	by Funerai	11. Maritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:		If	Vas Decedent of Yes, specify Cu	uban, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)		ce - America ck, White, e	
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Physician be executed early control of the control	an/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Lest	· Du	19est Dud to (or es e	consequ	ence of):	eart	6	farc cilui unco	~	led	
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有事 在 9	•	29b. Signeture and title of certifier) /ai	heur	0	218	32	7	2	9d. Dete signe 4 / 8 /	d (Month, E	ley, Year)
Sta Registr		30. Name and address of person who a MogCS Gebre. 31. Date filed (Month, Day, Year) APR 14 1997	ndraw 32. Registre	eath (Item 23a) 4660 er's Signature	61	Theus	Ave	B	alto	md o	2122	29



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death Month Day Yaar **Physician** 1:15 AM DAHIS APRIL 12 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GOOD SAMARITAN NURSING CENTER BALTIMORE if Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 6 Sax Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 KF Months Days 216 44 7488 Yrs. 84 Dec. Director Maryland Usuel Residence of Decadant 10a. State 10h County 10c. City, Town or Location 10d. insida City Limits show must be notified at he Maryl Wicomico Maryland Salisbury 1 ☐ Yas 2 No Director 288-4 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 324 Brantley Dr. 21801 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 X No Specify: by White 3. Widowad 4 □ Divorced Baltimore, Maryland 21215-00 Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Domestic (unknown) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Nem 27 is marked oths any injury or othse transment of 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be George Noppenberger (Unknown) 19e. informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mary M. Hoffman / niece 1019 Jamieson Rd., Lutherville, MD 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramovai from Stata Green Mount Crematory 4 ☐ Donation 5 ☐ Othar (Spacify) 4/14/97 Baltimore, MD 21. Signature of 22. Nama and Addrass of Facility CAFA Stephen D. Lohrmann P.A. 23a. Part1. Entar tha disaasa, or complications that ceusad the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Approximata Interval Betw Onsat and Death **Physician** respiratory /Medical Immadiata Ceuse (Final disaesa or condition resulting in death) Examiner Examiner buriel-transit Sequentially list conditions, if eny, laading to Immadiata causa. Entar Underlying Cousa (Disaasa or injury thet initioled avants resulting in daeth) Last Dua to (or as e consequance of): Records, P.O. Box 68760, ettending physician for use es the burie Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 2 8 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed certificate has 1 Yas 2 No Division of Vital Be 25. Was casa rafarred to medical axaminer? 26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Raaidanca 6 Othar (Specify) 10 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Menner of Death 28a. Deta of Injury (Month, Day Year) To the Hospital or Attending Pt within 24 hours efter death.
To the Funeral Director: After the completely filled in by the funera 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 T Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a. Cartitian Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Yaar) D41536 30. Nema end eddress of person who completed ceuse of death (Item 23e) (Type, Print) Mirza, M.D., Russell Morgan 3rd Floor, 5601 Loch Raven Blvd. Bato, MD. 21259 32. Registrer's Signature 31. Dete filad (Month, Day, Year) State

Registrar

ND 81215-0020

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2	2 3	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notine
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be remained	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 most be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

APR 14

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO.	E	21	11000
	1. DECEDENT'S NAME (First, Middle, Last) Sister Jeanne Fr	ances De	lany						2. DATE O			YEAR	: 30 p M
	4. SOCIAL SECURITY NUMBER 219 18 6054	5. SEX 1 M 2 X F	8. AGE (In yrs. less 70	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE ((Month)	DE BIRTH Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str 4100 Maple Avenu					etho	R LOCATI	ON OF DE	EATH			INTY OF DEA	тн
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										Dus	LOTHIOL	
L DIRECTOR	Maryland Bali	timore			r, TOWN C	orpe						1	0d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER St. Jo 4100 Maple Avenu	ae					212	27			Ţ	J.S.A.	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N			If yes, spe	ENDENT Color Cuba 2 0 NO	n, Maxica	n, Puerto R	? (Specify Yes lcan, atc.)	or No-	14. RACE — Black, 1 Specify:	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION completed) College (1-4 or 5 +)	(Gh	CEDENT'S ve kind of v Do NOT us	vork done	CCUPATIO during mos	N st of worldr	ng .		KIND OF BUS		DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)	ohn Franc	is Dela	ny			18. MOTI		ME (First, M	liddle, Maiden : ecilia	Surname)	man	
TO BE	19a. INFORMANT'S NAME (Type/Print) Sr. Pauline Bilk		19b		ADDRESS	S (Street as	nd Number	or Rural A	Route Numbe	er, City or Town	, State, Zip	Code)	1 21227
	20s. METHOD OF DISPOSITION 1.32 Burlel 2 Cremetion 3 Remot	val from State	20b. PLACE A cernetary, cree New C	NDDATEC	F DISPOS	ITION /Na	me of		DATE 4/12	20c, LOC	CATION	City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		a Che	22. G€	NAME AN	D ADDRES	Gond	ce Fu	neral	Home	⊇ P.A.	aryland
	23. PART I. Enter the diseases, or ed	Implications that	caused the de	oth. Do n	ot enter	the mod	de of dvi	ng. auch	h aa cardi	Balti	atory an	e, Ma.	21225
	shock, or heert fallure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Res I	on each line.	tor				./	re		atory an	,	Interval Between Onset and Death
NO	Sequentially list conditions, b.	ASP/	R AS A CONSEQUENCE OF A CONSEQUEN	UENCE OF			•			nia	/		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events	Grav.	R AS A CONSEC	m	al	5	el.	ZV	re	5			
	resulting in death) LAST												
MEDICAL	PART II. Other algnificent conditional	TVC+14	- pV	m C	n the un	derlying	Couse	SCO.		24a. WAS AN A PERFORM 1 TYES 2	MED?	AN CC OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAU					UNC	ERTAIN	10				YES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	R:	50	sidence i	6 🗆 Other	(Specify)			
ву Рн	27. MANNED OF DEATH 1 Artestural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIMI		28c, INJU WOF 1 Y	RK?) NO	28d. DE\$0	CRIBE HOW IN	JURY OC	CURED	
ED	3 Suicide 8 Could not be 4 Homicide detarmined	26e. PLACE OF building, at	INJURY — At hon c. (Specify)	ne, farm, s	treet, facto	ory, office				TION (Street ar Town, State)	nd Number	or Rural Rout	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DESCRIPTION OF THE CERTIFICATION OF TH												nd manner as stated.
H	295. SIGNATURE AND TITLE OF CENTER OF		\prec	M)			NSE NUM		,			onth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	OF DE4711 #7511	///	0.1.1		11/	-01	5	0	1	0/11	1411991

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

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State of Maryland / Department of Health and Mental Hygiene

ment of Health and Mental Hygiene 97 11061

_							CE	ertificate	of	Death		Reg. No.					
	Physic /Medi		Decedent's Name (First, Middle ROBERT		AVIS		deGRO	UCHY,	SR		2. Dete of D Month APRIL	Dey	Year 997	3. Time of Deeth 7:15 AM			
	Exami		4e. Fecility Name (If not institution	, giva street	and number	er)			T	4b. City, Town,	or Location of Dee			7.15 1111			
1	=xa		SAINT JOS	EPH M	EDIC	AL C	ENTER			TOW	SON	BA	LTIM	ORF			
Н	Funerai	г	5. Social Security Number	6. Sex	7.		. last birthday	If Under 1		If Under 24 H	Irs. 8. Date of Bi						
l.	Director		163-18-5652	11XM 2	20 F	77	Yrs.	Months	Days	Hours M		ay, Year) : 29,191					
	ס	П	Usual Residence of Decedent								Hugust	. 20,101	D FF	1.0			
	anylen show		10a. State 10b. County			10c. C	ity, Town or L	ocation					1	0d. Inside City Limits			
	the Maryland	Sto	MD. Balti	more		Gle	en Arm							1 ☐ Yes 2 ☑ No			
	£ 50	ie i	10e. Street end Number					10f. Zip C	ode			10g. Citizen of	What Cour	ntry?			
1		100	13204 Dulaney	Valley	Rd.			210)57			USA					
16	PE.E	Funeral Director	11. Marital Stetus	12. W	es Decede med Force	nt Ever in U	J,S. 13.	Was Decede	nt of h	Hispanic Origin?	(Specify Yes or N	0- 14. Rad	ce - Americ				
6	周岛		1 Never Married 2 ☑ Marr		Yes 2 Yes, Give					en, Mexican, Pu	erto Hican, etc.)		ck, White,	etc.			
92	13	by	3 ☐ Widowed 4 ☐ Divorced	Ye	ear or Date	s: WW	II	1□ Yes 2l	X NO	Specify:		Specif	Whi	te			
5-6	727	Completed	15. Decedent (Spacify only highas	's Education	nleted)		18a. Dece	edent's Usual	Occup	petion during most of v	undking	16b. Kind of B	usiness/in	dustry			
2121	Me da	nple	Elementary/Secondery (0-12)	7	ollege (1-4d	or 5+)	lifa.	DO NOT usa	ratire	ed)	vorking						
2	filed within Hygiene. Over then ont, the Me	S	12		2		Sales	Repre	se	ntative		Indust	rial	Tools			
pu	0 -	Be	17. Father's Name (First, Middla,	Last)						18. Mother's N	leme (First, Middle	i, Maiden Sumer	na)				
Maryland	2 should be and Mentel is marked o	To	William G. deG	rouchy	7					Gertru	ide Kelly	7					
a	d 2 should th and Men 7 is marks traumatic		19a. Informant's Name/Reletions	nip (Typa, Pi	rint)		19b. Mall	ing Address (Straat	t and Number or	Rural Route Numb	per, City or Town	, Stete, Zlp	Coda)			
			Marie T. deGrou	chy (W	life)		13204	1 Dular	ey	Valley	Rd. Gler	Arm, M	D. 21	.057			
ore	es 1 and of Healt f Item 27		20a. Method of Disposition	• 🕮 -		20b.	Placa of Disp	osition (Name matory or oth	of ar pla	ica)	Date	20c. Location	- City or To	wn, State			
Ĕ	0 = = 0	1 8	1 Burial 2 □ Cremation 4 □ Conation 5 □ Other (St		al from Sta	16		Cemete			4/14/97	Long	Green	MD			
altimore,	permit. Peg Depertment Important: I any injury o		21. Signature of Funeral Service I	icensing	1	50.		2. Name and		ess of Fecility							
Ö	Deperiment of the population o		1/2	//	//	0	0				Ruck Tows	on Fune	ral H	ome, Inc.			
		0	23a. Part Entry the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B Donest enter the mode of dying, such as cardiac or respiretory arrest, Interval B D D D D D D D D D D D D D D D D D D														
	Physician	1	hook, of heart failure. List	only one ceu	se on each	line.			o. uy	ing, oddir do odro	aco or respiratory t		1	Interval Between Onset end Death			
	/Medical		Immediate Cause (Finat	7\	CDTD	<u>አ</u> ጥፐርነ	N DNE	UMONI.	7\					1 Week			
	Examiner		disease or condition resulting in deeth)	a	DITI				A			-		l WEEK			
		ē				Due to (or as e conse	quence or):					1				
	certificate be executed ding physician and ise as the bunal-transit	Examiner	Commentation links and distance	b. —		Due to /	or es a conse	augnos oft.									
ć	exec in an ial-tr	Exa	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury			Due to (or es a conse	quence or).									
68760,	e be rsicia e bur	cal	that initieted events	C		Due to /	or as e conse	augus of									
	ificat g phy es th	n/Medical	resulting In deeth) Last			Due to (t	n as a conse	quenca or):									
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0	that the deed by the e	Physicia	Part II. Other significant condition	is continuati	ng to death	DUL HOL FO	sutting in the t	underlying cat	ise giv	ven in Pert I.				the cause of death?			
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00		lete										ormed?	CO	elleble prior to mpletion of cause			
Re	The law ate has b page 2 sl	Completed										TWO IS		death?			
Vital	i clan : The certificate rector, pag		OF Man and referred to the first									Yes 2 XNo	10	Yes 2 No			
⋚	Physician: this certific	o Be	25. Was case referred to medical examiner?	Hospita	d:				Oth	hor	eath (Check only						
of	Phys this ral di	 	1 ☐ Yes 2 ☒ No 27. Menner of Deeth		1 LXInpa		28b. Time of			4 Li Nursing	Home 5 Res			V)			
U	fe fer	lon	1 XNaturel 5 ☐ Pending		(Month, L	Day Year)	Injury	M 200	Wor		200. Describe	how injury occur	100				
18	Attending or death. ector: After by the fune	Ica	2 ☐ Accident investig 3 ☐ Sulcide 6 ☐ Could n	ot be	Dines of I	mirror At to				Yes 2 □ No	206 Location	Ctroop and Alice	5 as as 8	I South Atropher			
Division	il or Attendi after death. Director: A d in by the fu	Certification:	4 Homicide determi	ned 40%	building,	etc. (Speci	<i>fy)</i>	reet, factory,	OTTICE		City or To	(Straat and Num! wn, Stata)	er or Hura	r Houta Number,			
_	Hospital 24 hours Funeral I		29a. Certifier 1 Certifying	Dhusistan	T- th- b-	4 1											
	Hos Fun Fun	edical	(Check only 2 Medical E	xaminer: O	n the basis	of examina	ation and/or In	n occurred at ivestigetion, Ir	the tir	me, date end pla opinion, deeth oc	ca, and due to the curred at the time,	date end pleca,	anner as st and due to	ated. the cause(s)			
	To the Hospital or I within 24 hours after To the Funeral Direction Completely filled in E	Me	29b. Signature and title of certifier	er	nd manner	siaieu.		200	icens	se number		29d. Date signe	ed (Month	Day Yearl			
	F ₹ F 8				01	7.		230.	_100110			7	D.	and the same			
	111		State	3/	1	un	on,1	M.D.		D 1649	2	april	-11	1997			
-	П		30. Name and address of person v	Complete	ed cause of	deathAfter	m 23e) (Type,	Print)				/					
			BEATRIZ P.	DT7(ли, Г	1.D.,	, 1620	YORK	R	ROAD, T	OWSON,	MARYLA	ND	21204			

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

11062 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** APRIL DANDRIDGE CHESTER 12:01 AM 1997 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** University Hospital Baltimore If Under 24 Hrs. 8. Hours Min. 5. Sociel Sacurity Number 6. Sex If Undar 1 Yaar 7. Age (In yrs. last birthday) **Funeral** Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) XIXM 2 F Months Deys 225-40-7132 Director 62 06-12-34 VA. Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD NA Director Baltimore 1 Yas 2 □ No 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? 2829 E. Biddle Street 21213 USA Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 11. Maritei Stetus Wes Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Rece - Amarican Indien. Black, Whita, etc. 1 ☐ Navar Married 2 🙀 Married 1 ☐ Yes 2√ No If Yes, Give Specify: Black 1 Yes 2 No Specify: Completed by 21215-002 3 ☐ Widowed 4 ☐ Divorced Year or Detes: 16a. Dacedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Collage (1-4or 5+) Bethlehem Steel Corp 10th Grade Breeze man Baltimore, Maryland 17. Father's Neme (First, Middle, Last) Pages 1 and 2 should be fin ment of Health and Mental: He ant: if Nem 27 is marked oth lury or other traumstic aven 18. Mother's Neme (First, Middle, Meiden Surneme) Unknown Lillie Mae Dandridge 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Mamie Dandridge 2829 E. Biddle Street Baltimore, Md. 21213 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Steta Burial 2 Cremetion 3 Removel from State Department of Important: If any Injury or 4 □ Donation | 5 □ Other (Specify) Baltimore Cem. 04-11-97 Baltimore, Md. 22. Nama and Address of Facility Baltimore, Maryland 21. Signature of Funerel Service Licens WM.C. March FH 1101 E. North Avenue 21202 23a. Pátrí. Enter the disease, or comolications that caused the shock, or heart feilure. List only one ceuse on each line. to not enter the mode of dying, such as cerdiec or raspiratory arrest, Approximeta Intervel Between Onsat and Deeth Physician /Medicai Immedieta Cause (Finel disaase or condition rasulting in death) Hepatorenal Syndrome
Dua to (or es e consequence of): Examiner Examiner Alcoholic Hepatitis or Attending Physician: The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediata cause. Entar Underlying Ceusa (Disaase or injury that initiated avents resulting in death) Last P.O. Box 68760, physiclan Physician/Medical Dua to (or es e consequence of): signed by the attending d be detached for use ea Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Acute Renal Failure Division of Vital Records, Completed by 24e. Was an autopsy 24b. Wera autopsy findings Upper Gastrointestinal Bleed eveileble prior to completion of ceuse of deeth? s certificate hes b director, page 2 s 2 No 1 Yes 2 No 1 Tas 25. Wes cesa raferred to medical axaminer? Be 26. Place of Deeth (Check only ona) Hospitel: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 XNo this 27. Mennar of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Neturel 5 Pending death. 1 Yes 2 No 2 Accident investigation efter death in by the 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At homa, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 I Homicide To the Hospital o within 24 hours ef To the Funeral Di completely filled in 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, data and piece, and due to the causa(s) end menner steted. 29a. Certifier Medical 29b. Signature and title of certifies-29c. Licensa number 29d. Date signed (Month, Day, Year) ARTL P04763 30. Name end address of persop who complated ceuse of deeth (Itam 23a) (Type, Print) ARNEL M. TAGLE MD 22 SOUTH GREENE STREET BALTIMORE MD 21201 31. Date filed (Month, Dey, Year) 32. Plainter's Magazura Rondell State Registrar

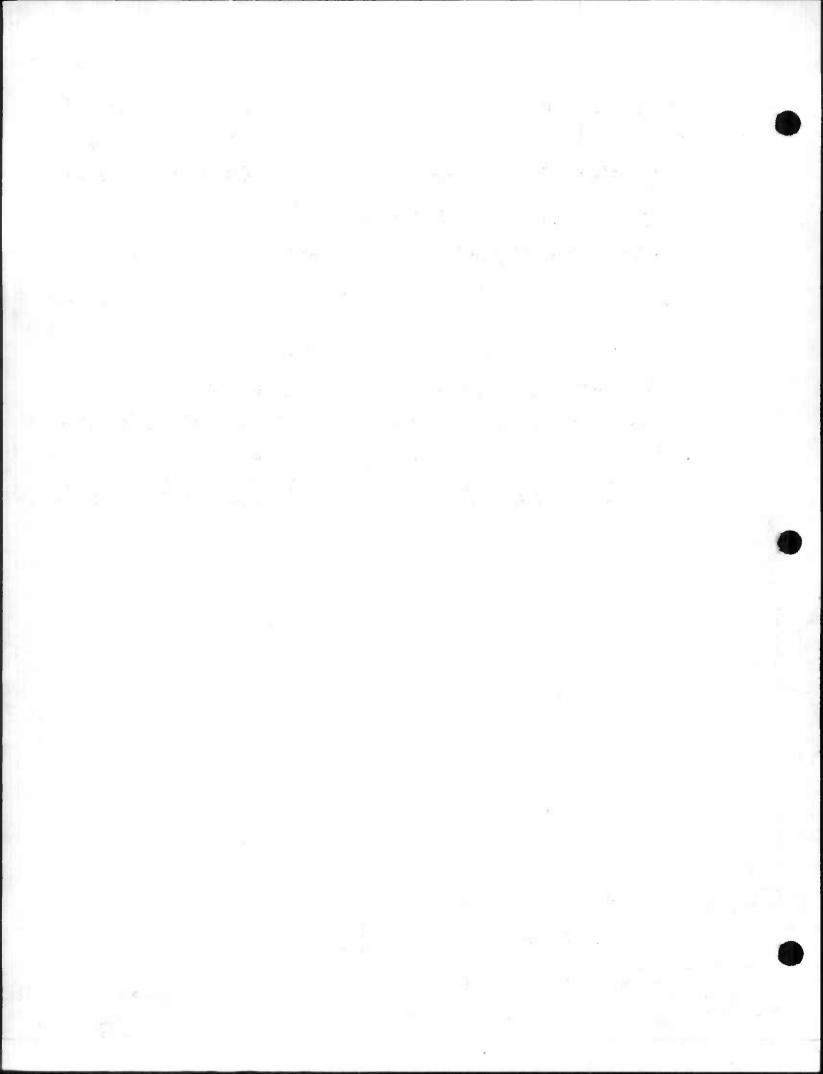
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-		State of Maryland / Department of Health a Certificate of Death	and Menta		ene g. No.	97	11063
Dhuala	ia.	Decedent's Name (First, Middle, Last)		te of Death	Dey	Yeer	3. Time of Deeth
Physic /Med		Laywoul & Devine	Apr	- 4	13	1997	3:30 Am
Exami			wn, or Location		4c. Count	y of Deeth	,
			finon	٤,		N/	4
Funera		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Months Deys Hours 7. Age (In yrs. lest birthdey) Months Deys Hours	Min. A (Mc	e of Birth onth, Dey,	Year)	9. Birthp	lace (Stete or Foreign
Director		Usuel Residence of Decedent	1/01	1-7-	06		Mel
and w		10a. State 10b. County 10c. City, Town or Location				1	0d. Inside City Limits
Mary	0	m) W/a Baltimore					1₽Yes 2□No
288 rough	Director	10e. Street end Number		10	g. Citizen of	Whet Coun	itry?
3a o		2505 McElderry St. 21205				U.S.	1
-0020 hours efter death with the Maryland ural; or terms 23a or 28a-f show at Examiner must be notified as	Funeral	11. Marital Status 12. Wes Decedent Ever in U.S. 13. Wes Decedent of Hispenic Original Control of the Control o		s or No-	14. Re	ce - Americ	an Indian,
or its		1 Never Married 2 Married 1 Yes 2 No	, Puerto Rican,	etc.)	Ble	ck, White,	etc.
ours eff	by	3 Notified a literal			Specia	v: W	HITE
2 2 E	Completed	15. Decedent's Education 16e. Decedent's Usuel Occupetion (Specify only highest grade completed) (Give kind of work done during most	of working	1	6b. Kind of B	usiness/Ind	dustry
within ena.	I du	Elementery/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)					
DD		10 Th N/A UPHOLSIER	4. 11. (6.)	1011	SEL	-	
d be file ontai Hyg ed othe	Be		r's Name (First,			-	
aryl	2	19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number	ORA				METZ
E 750 E		D - 1 D 1/ /-	or Hurei Houte	- Number,	City or Town	, Stare, Zip	Code
re, r Hael tam 2		20e. Method of Disposition 20b. Plece of Disposition (Name of	Date	KI	Oc. Location	- City or To	VICI 2123 /
0 80 = 5		1 ⊠Burial 2 □ Cremetion 3 □ Removel from Stete cemetery, crematory or other plece)			_		~ , state
altim nit. Pa sertmen ortant: Injury 8.		* 4 □ Donetion 5 □ Other (Specify) O A KLA Way 21. Signeture of Funeral Service Licensee 22. Neme end Address of Facility	14-16-		1346		,0.
Balt permit. Depentrimports imports any inju		A O > 6 - 10 HARTley MI	illert	-4N	GRA C	-, 14	ome .
_		1006-0. DMICH 7527 HAR	e force	RC	1 34	120	My 51530
Dhambalan		23e. Part1/Enter the dialesse, or complications that caused the deeth. Do not enter the mode of dying, such as a shock, or heart feilure. List only one cause on each line.	cardiac or respir	etory erres	ετ,	1	Approximete Interval Between Onset end Deeth
Physician /Medical		Immediate Cause (Final					-00
Examiner		disease or condition resulting in deeth)					cays.
	ē	Due to (or es e consequence of):	al t	7			Year
60, be executed ician end burial-transit	Examiner	Sequentially list conditions. Due to (or es e consequence of):	Ohrti	mel	D ==		1 04)
oxecular end an end rial-trans		If eny, leading to Immediate					Year -
B 8 0	cal	thet initiated events C. Due to (or es e consequence of):					1 -4)
The Cords, P.O. BOX box The law requires that the death certificet ate has been signed by the attending phy page 2 should be detached for use as th	Physician/Med	resulting in deeth) Lest					
BOX aath certi	an	d					
daai daai od fo	Sici	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.	23	b. Dld tob	acco use co	ntribute to	the cause of death?
d by the	Phy	Senity		1 🗆 Yee	2 No	3 Prot	bably 4 Unknown
Sed as the	þ	3-100-1					
alupe sen s	Completed		24	e. Wes en	eutopsy ed?	8V6	ere eutopsy findings eileble prior to
neca e law r has b	ple					of o	npletion of ceuse deeth?
The ateh	50			1 🗆 Yes	2 No	1 🗆	Yes 2□ No
VICIAN: The certificate rector, pag	Be (25. Wes cese referred to medical examiner?	of Deeth (Chec	k only one			
Physic Physic this ce	To	Hospitel: >	rsing Home 5	Residen	ce 6 □Ott	ner (Specif))
		27. Menner of Deeth 1 Noturel 5 □ Pending 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury et Work? 28c. Injury et Work?	28d. De	scribe hov	Injury occur	rred	
SION aath. or: After the fune	cati	2 Accident Investigation M 1 ☐ Yes 2 ☐ N	No				
	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)	28f. Loc City	ation (Stre	et end Numi Stete)	ber or Rura	l Route Number,
A SEE							
KEE	edical	29a. Certifier (Check only (C	d plece, end due th occurred at the	to the ceu	se(s) end me e end place.	enner es st and due to	eted. the ceuse(s)
252	Med	one) end menner steted. 29b. Signaturand title of certifier. 29c. License number					
# F 8		· Mac A A A . ·	- 1	290	I. Dete signe	ia (ivionin, i	Joy, Fedf)
		1. 1tapi, no. 1040525		14	11369	7	
		30. Neme and address of person who completed ceuse of deeth (Item 23e) (Type, Print)	n -				
		31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture	HO1/1	hol			
Sta Registi	_	11. 12	,				
		APR 14 1997 githe Bairdson-Handalle					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

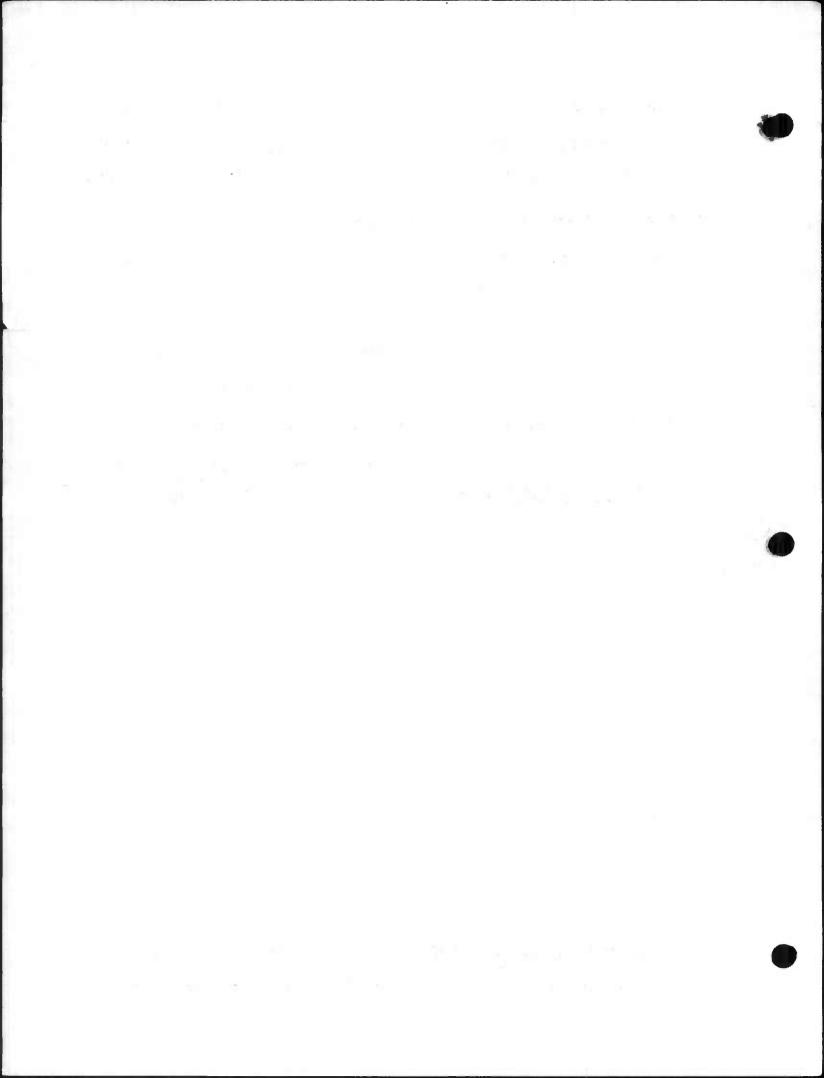
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							Certificate of Death Reg. No.									
		1. Decedent's Neme (First, Middle	, Last)		7				2. Dete of Dee	th		3. Time of Death				
Physic		William	н.	Ellison,	Tr			4	Month April	Dey 1 Q	Yeer 97	1:15 F				
/Med Exam		4e. Fecility Neme (If not institution,			U.L		4b. City, To	wn, or Lo	cation of Death	4c. County		TilJ F				
LAGIII	mei	Johns Hopkin	ns Hospi	ta1			Bal	timo	ore	n/	а					
Funera	1		6. Sex	7. Age (In yrs. lest birt		er 1 Year	If Under	24 Hrs.	8. Date of Birth			lece (State or Foreign				
Directo		212-46-4886 Usuel Residence of Decedent	1 ∑ M 2□ F	50	Yrs. Months	Deys	Hours	Min.	Nov 12			ryland				
ylanc Man		10a. Stete 10b. County		10c. City, Towr	n or Location					-	1	0d. Inside City Limits				
Mar	tor	MD	n/a	В	altimor	e						1 Yes 2 □ No				
r 28	Director	10e. Street end Number				ip Code				Og. Citizen of	Whet Coun	itry?				
3a o	0	2914 East Feder	cal Stroot	-			2121	2			TICA					
death	Je.	11. Merital Status	12. Wes Dece	dent Ever in U.S.	13. Was Dec	edent of H			ecify Yes or No- Rican, etc.)		USA ce - Americ					
72 hours effer death with the Manyland natural; or items 23a or 28a-f show pical Examiner must be notified at	by Funeral	1 Never Merried 2 Merrie 3 □ Widowed 4 □ Divorced	Armed For ed 1 Yes If Yes, Give Year or Da	2) () No	If Yes, sp		en, Mexicar Specify:	i, Puerto	Rican, etc.)	Specif						
d within 72 hours of giena. r then "natural", or		15. Decedent			Decedent's Us	ual Occup	ation			16b. Kind of B	B15					
	Completed	(Specify only highes	t grede completed)		(Give kInd of w life. DO NOT	rork done	during mos	t of worki	ing			,				
filed within Hygiena. ther than	E	Elementery/Secondary (0-12)	College (1-	4or 5+)	Comput	er O	perate	or		NSA						
should be filed within and Mental Hygiena. marked other than imatic event, the M		17. Fether's Neme (First, Middle, L	ast)		Compac	01 0			(First, Middle,							
d 2 should be file th end Mental Hy 7 is marked othe traumatic event	To Be	William H. Elli	ison. Sr.				F1	1 a M:	ae Watk:	ine						
2 should end Men is marke	-	19a. tnformant's Neme/Relationsh	· · · · · · · · · · · · · · · · · · ·	fe 19b	Mailing Addre	ss (Street			A Route Number		State Zip	Code)				
end 2 seith er n 27 is er trau		Yvonne I. Ellis														
s 1 end of Heeith Item 27		20a. Method of Disposition	SOII		14 East Disposition (N y, cremetory or			stre		20c. Location		21213 wn. Stete				
mit. Pages 1 er partment of Hee portant: If Item: y Injury or other		1 Burial 2 Cremetion 4 Donetion 5 Other (Sp	3 Removel from S	tere,							•					
tant dury				Arbut	us Memo							ounty, MD				
pemit. Pages Department of Important: If II any Injury or		21. Signature of Funeral Service L	Icensee	1.	2501	Gwy	nns F	alls	tter Fu	neral H	omes,	Inc.				
		23a. Părt 1. Enter the disease, of c shock, or heart feilure. List c	complications that	used the deeth. Do n	not enter the me	ode of dylr	e, MD	cerdiec	Z10 or respiretory en	est,	-	Approximete				
Physician		shock, or heart tellure. List of	only one ceuse on •	ach line.								Intervel Between Onset end Deeth				
/Medical		Immediete Ceuse (Final		6			,				i					
Examiner		diseese or condition resulting in death)	θ	Coro	ruary	A	tery	U	1 sease		1					
dimen	- a			Due to (or es e o	consequence of):		,			T.					
nsit	듣		b	Due to (or es e o	vasc	vlar	D	156	ase.		Ī					
mecu and al-tra	Examiner	Sequentially list conditions, if eny, leeding to immediate		Due to (or es e o	consequence of):					- i					
ficate be axecuted physician and sthe bunel-transit		ceuse. Enter Underlying Cause (Disease or Injury thet initieted events	C		abot						1					
phys the	Medical	resulting in death) Lest		Due to (or es e c	onsequenca of):					i					
certificate ding physise es the l			d	Hy	perte	1510	4.									
eath cer ettendin for use	Physician															
the de	ysic	Part II. Other eignificant condition	ns contributing to dea	ath but not resulting in	the underlying	cause giv	en in Pert i		23b. Did to	obacco use co	ntribute to	the cause of death				
The law requires that the death certificate be axecuted at has been signed by the ettending physician and page 2 should be deteched for use as the bunel-transit	by Ph								1 🗆 Y	08 2 No	3 ☐ Prot	bably 4 Unknow				
he law requires the has been signe									24a. Wes	n eutopsy	24b. We	ere eutopsy findings				
v require been sii	et e								perfor	med?	CO	elleble prior to mpletion of cause				
has ge 2	Completed											deeth?				
									1□ Y	es 2 No	1 [Yes 2□ No				
Physician: this certific	Be	25. Was case referred to medical exeminer?	Hospital:			Oth		of Death	(Check only or	ne)						
Physician: The this certificate rei director, pa	2	1 Yes 2 No	1 L Ir	patient 2 ER/Out			4 🗆 140		me 5 Resid			y)				
ling F	Certification:	27. Manner of Deeth 1 Pending 5 □ Pending	28e. Dete of (Month		ime of njury	28c. tnjur Wor			28d. Describe h	ow Injury occur	red					
or Attending Liter death. Director: After I in by the fune	cat	2 Accident investiga			М	1 🗆	Yes 2	No								
arter d Direct In by	E	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homicide determine	ned 288. Piece	of Injury - At home, far g, etc. (Specify)	rm, street, fecto	ory, office			28f. Location (S City or Tow		ber or Rura	I Route Number,				
1000	Ç															
24 To ge stay in a series	edical	29a. Certifier 1 Certifying (Check only 2 Medical E	Physician: To the taxaminer: On the base	pest of my knowledge, sis of examination end er stated.	, deeth occurre d/or investigation	d et the tin n, in my o	ne, dete en pinion, dee	d piece, o th occurr	end due to the o ed et the time, o	euse(s) end m late end place,	enner es si end due to	tated. the ceuse(s)				
The flat	Me	29b. Signeture end title of certifier	3.13.11.3111		2	9c. Licens	e number		1	9d. Date signe	d (Month.	Dey, Year)				
F 3 F 8		Donath.	-1/	.11						/ . /	1,11					
		· annu	carri	U MD-		03	3 47	49		41	11/9	1.				
		30. Neme end eddress of person w	no completed cause	of deeth (Item 23e) (Type, Print)				,							
		30. Neme end eddress of person when Authory Ha	errell 2	gstrar's Signature	Type, Print)	AUE	13	ait	6. MI	21	2 22					

State of Maryland / Department of Health and Mental Hygiene 9 7

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						Ce	rtificate	e oi	Death			Reg. No.	•	1 1 0	00
	Dhusia	i	1. Decedant's Name (First, Middle				-				2. Dete of De Month	eth Dev	Yaar	3. Tima o	f Death
	Physic /Medi		Marie Virginia	a Flaherty	7						April		997	6:45	AM
	Exami		4e. Fecliity Neme (If not institution		nber)		4b. City, Town, or Location of Death 4c. County of								
			6128 Allwood (T Milherton	4 1/4 -	Lakehu	irst			ltimo		
	Funeral Director		5. Social Security Number 215–18–7884	6. Sex 1 ☐ M 2 🔏 F	7. Age (In yrs. Ia 78	Yrs.	If Under Months	Days		Min.	8. Data of Bir (Month, Da March	a of Birth ndth, Day, Year) ch 23,1919 9. Birthpiaca (Stata or Foraig Country) Maryland			
	Pw H		Usuai Rasidance of Dacedant 10a. Stata 10b. County		10c. City,	Town or L	ocation						1	0d. Insida C	ity Limits
	Many A sh	to	Maryland Balt	imore		Lak	ehurs	t							2 X No
	r 28s	Director	10e. Street and Number				10f. Zip					10g. Citizen of 1	What Cour	ntry?	
	th wit	a D	6128 Allwood Ct	#432			21	210				United	Stat	es	
	r dea	Funeral	11. Marital Stetus	12. Wes Deced	dent Evar in U,S	13.	Wes Deced	lant of	Hispanic Orig	gln? (Sp	ecify Yes or No Rican, atc.)	- 14. Rac	e - Americ	an Indian,	
21215-0020	within 72 hours effer death with the Maryland ene. than "natural", or items 23a or 28a-f show he Marilcal Examiner must be notified at	by	1 Never Merried 2 Merri 3 Wildowed 4 Divorced	ed 1 Yes If Yas, Give Yeer or Da	2 (3 No		1□ Yes 2				, , ,		. Whi		
5-(72 h	Completed	15. Decedant (Specify only highes			16a. Dece (Giva	dant's Usue kind of wor	Occurs done	ipation a <i>during</i> most ed)	of work	ing	16b. Kind of B	usinass/in	dustry	
121	within ene.	mp	Elementery/Secondary (0-12)	Collega (1-	4or 5+)		<i>bo not u</i> s Homema					Own I	Iomo		
			17. Father's Nama (First, Middle, I	Last)			TOTACIAL	LICC	1	r's Name	a (First, Middla	Maidan Suman			
ian	should be filed and Mentel Hygi marked other imatic event, t	To Be	Andrew Reiter						1			a Weaver			
Maryiand		-	19a. Informant's Name/Ralationsh	nip (Type, Print)		19b. Malii	ng Addrass	(Stree			*	er, City or Town,		Code)	
	1 and 2 Health er em 27 is		Joseph L. Flahe	erty, III/	son	4337	Newpo	ort	Ave.	Ba	ltimore	e, MD 2	21211		
ore	of He		20a. Mathod of Disposition 1 X Buriel 2 □ Cramation	2 Demoved from C	COL	nce of Disponentary, cre	osition (Nam matory or o	na of ther pl	ace)		Date	20c. Location -	City or To	wn, Stata	
altimore,	Pages ment of P ant: If ite		4 Donation 5 Other (Sp			Cathe	dral	Cen	netery	4	/11/97	Baltim			
Bal	permit. Pages 1 and Depertment of Health important: if Item 27 any injury or other tr once.		21. Signature of Funaral Sarvice L	Mutebell	NIV	2	2. Nama and	d Addi	ass of Fecility	650	chell-VOORK	Wiedefel Rd.	.d Hoi	ne, In	ic.
Г			23a Fert1. Entar tha disaesa, or shock, or haart feilura. List	complications that ca	used tha daath.	Do not en	ter the mode	e of dy	ing, such as	cardiac	or raspiratory e	rrest,	414	Approximet	a
N	Physician							5						Onset and	
1	/Medical Examiner		Immediata Causa (Finei disease or condition resulting in daeth)	a. M	4000	dul	my	w	tur				i	1/10	~
l.		<u></u>	resulting in odelity	^ /	Due to (or	as a conse	quance of				0	Usen		()	
	uted Insit	듵		· hu	terws	rlai	slee	co	Mur	rju	Non C	Usen	2	Ye	an
ć	ficate be executed physician and as the buriel-transit	Examiner	Sequentielly list conditions, if any, laading to immadiate cause. Enter Undarlying Cause (Disaesa or Injury	4	Dua to (or		quance of):							Ye.	
68760,	te be ysicia ne bur	Cal	thet initieted events	es e consec		_			790						
×	2 5 6	/Medical	rasulting in death) Last	d	,										
Bo	strendi	Physician/	D. 11 04 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	100 4 200 - 400	Leave to the letter to the		24.50°				1		1		
P.O.	thet the de ed by the a detached	hys	Part II. Other significant condition	1s contributing to dea	ath but not result	ting in tha u	indarlying ca	ausa g	iven in Part I.			tobacco use co	1		
	ires thet signed b	by P	1) menter								10	Y88 25/No	3 L Pro	bably 4	Unknown
of Vitai Records,	v requires been sig should b	9										an eutopsy	24b. W	ara autopsy ailable prior i	findings
900	sw request speed 2 should	piet		<u> </u>							penc	rmed?	co	mpletion of daath?	ause
E.	2 2 2	Completed									10	Yas 2 No	10	Yes 2	No
ita		BeC	25. Was casa referred to medical examiner?						26. Piaca	of Deati	h (Check only o	one)			
× ×	Physician: this certific rai director,	2	1 Yas 2 No	Hospitel:	patiant 2 E	R/Outpetle		A		rsing Ho	ma 5 AResi	denca 8 □Oth	ar (Specif	v)	
Division o	Attending Pirdeath. sctor: After the funeral	Certification:	27. Mannar of Death 1 Vatural 5 Pending 2 Accident invastig	ation	Injury , Dey Year)	28b. Tima o Injury	f 21	8c. Inji Wi 1 [uryat ork?]Yas 2∐N	_	28d. Ďascribe	how injury occur	red		
DIVIS	after de Directe d in by t	Sertific	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida determi	ned 288. Place	of Injury - At hori g, etc. (Specify)	na, farm, st	reet, factory	, office			28f. Location (City or To	Street and Numb wn, State)	er or Rura	l Routa Num	nber,
(A	edical	29e. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the basend manner	sis of axamination	ledga, daat on end/or in	h occurred e vastigetion,	et tha t	ima, data and opinion, deet	d plece, h occurr	end due to the ed et the time,	cause(s) and ma dete end place,	annar as s and dua to	ated. tha cause(s	s)
/	2	Z	29b. Signatura and titla of certifiar				29c	. Licar	sa number			29d. Date signe	d (Month,	Dey, Year)	
	10		D wast	- Werle	un vid			D	2630	74		4/9	197		
	N		30. Nama and addrass of parson w	no complated dusa	of daeth (Itam 2		Print)	υÇ	CA		BALT	o Mi) 2	1710)
	Sta Registr		31. Data filad (Month, Day, Year) APR 14 199	30/Ba	gistrada Şignatu A. (Olar) diğini	ire .									



97-1668-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM#5 PER F.H. FLM#G746 4/22/97 State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,II,27,a8a-f per MEO G-746 4/17/9ertificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Yeer **JERRY** FOSTER APRIL 9 1997 /Medical 6:30P.M. 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 403 E.LAFAYETTE AVE BALTIMORE NA If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1₽M 2□ F NA 216-92-5510 31 Yrs Director 06-07-65 SC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD NA Baltimore Director 1 Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2635 Miles Avenue 21211 IISA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married 1 ☐ Yes & No Specify à Specify: Black Baltimore, Maryland 21215-002 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) North American College (1-4or 5+) Mover 9th Grade NA Moving Van Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 12 should be the n and Mental H is marked off Be J.W. Foster Mary Young 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 at Department of Health and Important: If them 27 is m any Injury or other traum Mary Foster 2635 Miles Avenue Baltimore, Md. 21211 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State MDBuriai 2 Cremetion 3 Demoval from State 4 Donation 5 Other (Special) Baltimore Cemetery 04-14-97 Baltimore, Md. 21. Signature of Funeral Service Lie 22. Name and Address of Facility Baltimore, Maryland WM.C. March FH 1101 E. North AVE. 21202 er the disease, or complications that caused the Approximete Interval Between Onset end Death ations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, **Physician** /Medical immediate Cause (Final NARCOTIC AND COCAINE INTOXICATION disease or condition resulting In deeth) Examiner Due to (or as a consequence of). and I-transit be executed Exami Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or as a consequenca of): physician ar Box 68760, Physician/Medical thet initieted events resulting in death) Last Due to (or as a consequence of): 80 for use es esn P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t d be detech 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 Unknown CHRONIC RENAL FAILURE; PERICARDITIS; CIRRHOSIS Records, ģ been si 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? page 2 : certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 □ No Certification: To 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 Natural 1 ☐ Yes 2XX No Investigation 4/9/97 2 Accident unknown Unknown Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 403 E. Lafayette Ave. 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Baltimore, Md. 29a, Certifier (Chack on) Medical 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signatu 29d. Date signed (Month, Dey, Year) O.C.M.E. APRIL 10,1997 ddress of person who ompleted e of death (Item 23e) (Type, Print)

State Registrar

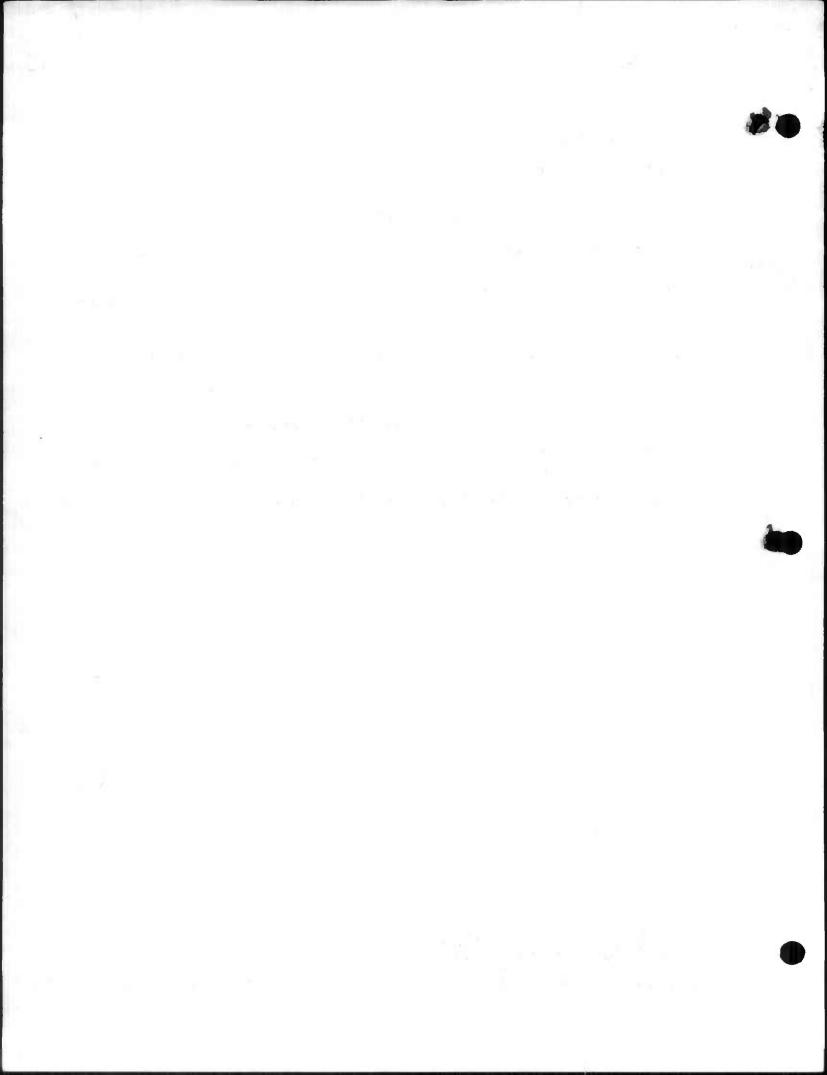
31. Date filed (Month, Dey., Year)

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32. Registrer's Signature

111 Penn Street, Baltimore, Maryland 21201

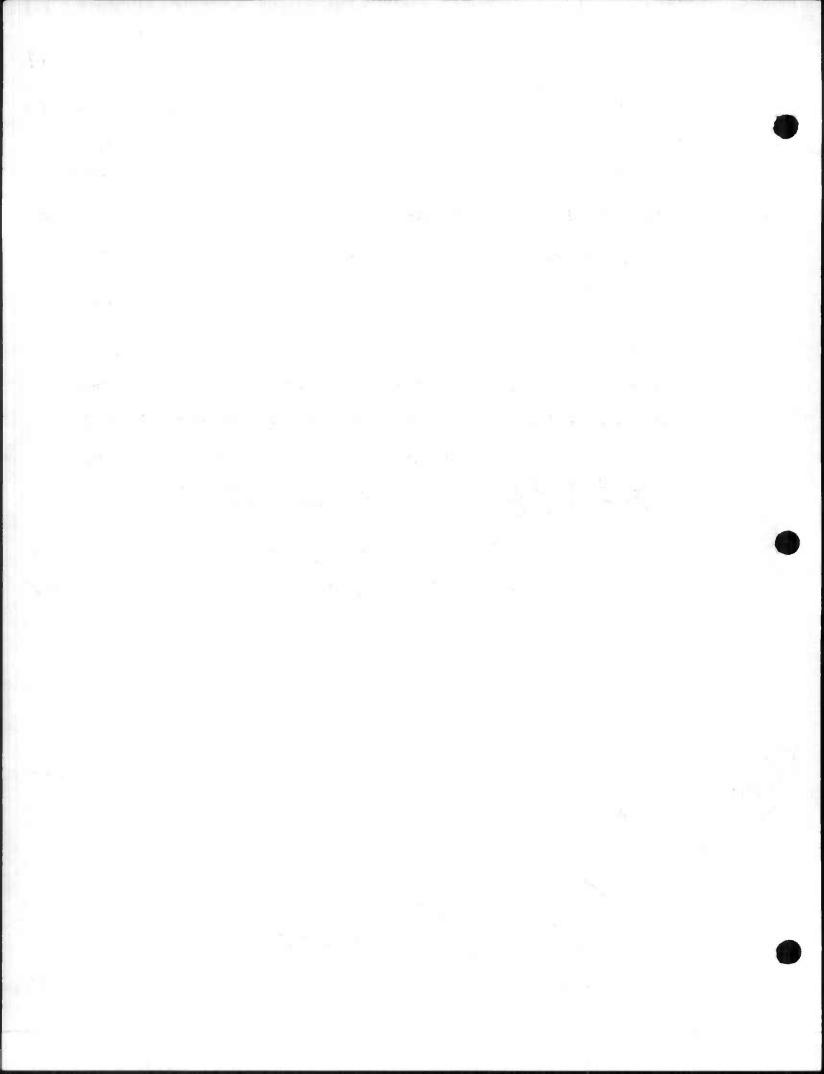
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last). 2. Dete of Deeth **Physician** Month JONIS April /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE CITY JOHNS HOPKINS HOSPITAL If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1□ M 2₽F 74 Yrs Director 216-16-1890 15 1922 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at Md. Baltimore Director Rodgers Forge 1 Yes 2000 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 414 Regester Ave. 21212 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after Hygiene. rther than "naturel", or ite 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 Is marked oth larry or other traumatic even William Lovett Goldie 2 Hale 19a. Intorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harry C. Fogler/Husband 414 Regester Ave. Rodgers Forge, Md. 21212 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel trom State permit. Pag Department Important: If any Injury o 4-7-97 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery Woodlawn, Md. 21. Signature of Funeral Service License 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part 1. Enter the disease or complication, thet caused the shock, or heert tellure. List only one ceuse on each line ication that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, **Physician** tmmediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Box 68760. physician 8 Physician/Medical 2 Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 B 1 Yes 2 No 3 Probably 4 Unknown signed cords, ρ 8 24b. Were eutopsy tindings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed of Wital R 1□ Yes 2₽No 1 Yes 2 No 25. Wes cese reterred to medicel exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 2LXNo Hospital: Other: 4☐ Nursing Home 5☐ Residence 6☐ Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describa how injury occurred Division Athar 1 Metural Attending 5 Pending ours after dea. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours a To the Hospital within 24 hours a To the Funeral C Medicai 29a, Certifier 🔟 CertifyIng Physicten: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medicat Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of orfifie 29d. Date signed (Month, Dey, Yeer) 29c. License number 30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Rrint) 31. Dete filed (Month, Dey, Registrar's Signeture

State Registrar

APR 14 199



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	37 11000							
		lover			2. DATE OF DEATH MONTH DAY	1997 1031 A M							
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 230-20-0236 9e. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. lest birthday) 1		NDER 1 YEAR IF UNDER 24 HRS, HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-19-1923	8. BIRTHPLACE (State or Foreign Country) Virginia COUNTY OF DEATH							
	Sinai Hospital	N/A											
	Maryland Balt	timore		therville	Mark Live	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [X] NO							
	106. STREET AND NUMBER 403 Chapelwood Lane 107. ZIP CODE 21093 U.S												
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES	IN U.S. ARMED 2 THO DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 100 Spec		14. RACE — American Indian, Black, White, etc. Specify: White							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKEY 16b. KIND OF BUSINESS/INDUSTRY OWN HOME												
	17. FATHER'S NAME (First, Middle, Last) Clyde Short 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maxine Good												
101	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 403 Chapelwood Lane, Lutherville, Maryland 21093												
	20s. METHOD OF DISPOSITION \$\text{\text{Burlel 2 \subseteq} Cremetion 3 \subseteq} \text{Removal from State} \\ 4 \text{\text{Donetton 6 \subseteq} Other (Specify)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)} \\ \text{Donetton 6 \subseteq} \text{Other (Specify)} \\ \text{Dulaney Valley Mem. Gards.} 4-15-97 \text{Timonium, Maryland} \\ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	→ Wallace S		421.	Ruck Towson 1050 York Ro	Funeral Home, ad, Towson, M	dd. 21204							
ATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):										
MEDICAL	Subdury He	DPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C	Check only one)								
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify) 26d. DESCRIBE HOW INJUR	Y OCCURED							
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, street,	factory, office	281. LOCATION (Street end Ni City or Town, State)	umber or Rural Route Number,							
COMPLETED	onel				e to the cause(e) end manner e	ee stated. e to the ceuse(s) end menner ee stated.							
Ö	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	uraea las	1. DATE SIGNED (Month, Day, Year)							

LA PEGISTAR'S SIGNATURE DANGER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 11069

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Physic /Medi		BETTY	L			GOME	7.	APRIL	09, 199		45AM	
Exami		4a. Facility Name (If not institution, give	street and number)					or Location of Deal				
		THE JOHNS HOPKINS	HOSPITAL			1	BALTIMOR	E CITY	N/	/A		
Funeral		5. Social Security Number 6. Se	x 7. Ag	e (In yrs. last L	M	Under 1 Year onths Deys	If Under 24 H	rs. 8. Date of Bi	rth av. Year)	9. Birthplace	(State or Foreign	
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pu a	Director	Usual Residence of Decedent 10a, State 10b, County		10c. City, To	um or Locatio	20				104.1	nside City Limits	
abo at a d		Maryland N/A 10e. Street end Number		WIT OF ECOAM	511					Yes 2 No		
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ith with the Maryla 23a or 28a-f show ust be notified at					10f. Zip Code				10g. Citizen of V			
8 23 DAM	Funeral	6223 Shipview Way 11. Marital Status 12. Was Decedent Ever In U.S.				Decedent of I	Z1ZZ4		United States Offy Yes or No- 14. Race - American f			
then then	S	1 Never Married 2 Married	Armed Forces?	-34181	If Ye	s, specify Cub	en, Mexican, Pue	(Specify Yes or No erto Rican, etc.)	Blee	ck, White, etc.	ruiari,	
18 2	by	3 Widowed 4 Divorced	1 ☐ Yes 2√1√1 If Yes, Give Year or Dates:	40	10	Yes 25 No	Specify:		Specify			
		15. Decedent's Edu			a. Decedent	's Usuel Occu	pation		16b. Kind of Br	What usiness/Industr		
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WARE !		Elementery/Secondery (0-12) 8 Years	College (1-401 5+)		Mixologist			T		avern		
1	Be C	17. Father's Name (First, Middle, Last)		1.1.2.	o see gress	18. Mother's Name (First, Midd						
Pass	TOE	Wilbur Shroyer			Carrie			e	Not Known			
d 2 shoulth and Miles		19e. Informent's Name/Relationship (T	vpe, Print)	15	b. Mailing A	ddress (Stree	and Number or	Rural Route Numb	er, City or Town,	Stete, Zip Cod	е)	
alth 2		Patricia G. Thomp	oson/Daugh	rter	2802 1	Delmar	Avenue	Edgemer	e, Maryl	and 21	219	
of Heal		20a. Method of Disposition		20b. Place	of Dispositio	n (Name of ry or other pla	ice)	Date				
oermit. Pages 1- Depertment of He mportant: If iten ny injury or oth		1 Burial 2 □ Cremation 3 □ F 4 □ Donetion 5 □ Other (Specify)				Cemeter		2/1997	1997 Baltimore, Marylan			
permit. Depertir Importa		21. Signature of Funeral Servica Licens	00	- O OCIO				l Home o	10 10	inorce, it	wegeune	
Ded or sa		18230			700	ia-Kuck	runera	C Home o	s vunaal	k, Inc.		
		23a. Part1. Enter the disease, or comp shock, or heart tailure. List only o	lications that caused	the death. Do	not enter th	e mode of dvi	ng, such as card	Dundalk,	Marykan Irrest		Z roximate	
arificete be executed ming physicien end eas the burial-transit east	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	. Myo . Chron	Due to (or as a Due to (or as a Due to (or as a	a consequential	ca of): In ce ot): 1ctive	farct	tachyca Livn Donary		3/3 e 30	1/97 Dyean	
that the death cert	Physician/W	Pert II. Other significant conditions con	d. ntributing to death bu	it not resulting	in the under	fylng cause gi	ven in Part I.	23b. Did	tobacco use co	ntribute to tha	causa of death	
that the de ed by the detached								1	Yas 2□ No	3 Probably	4 Unknow	
w requiras that been signed t	by							-				
requiras seen sign hould be	Completed							24a. Was	an autopsy ormed?	eveilabl	utopsy findings e prior to tion of cause	
has b	ldu									of death	1?	
F age	Co							10	Yes 2 No	1 ☐ Yes	2 No	
ysician: The	Be	25. Was case referred to medical examiner?	Inneital: A			* 10:		eath (Check only	one)			
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ling F	lon	27. Manner of Death 1 Natural 5 □ Pending	Time of Injury	28c. fnju Wo	rk?	28d. Describe	28d. Describe how Injury occurred					
Attending or death.	Certification:	2 Accident investigation 3 Suicide 6 Could not be	28e. Placa of Inju	***			Yes 2 No	29f Leastion	28f. Location (Street and Number or Rural Route Number,			
or A effer Direct	E E	4 ☐ Homicide determined		City or To	wn, State)	er or nurar not	ite raumber,					
Hospita 24 hours Funeral taly fille	edical C	29a. Certifier 1 Certifying Physical Control (Check only one) 2 Medical Exami	sician: To the best on nar: On the basis of end manner sta	examination a	ge, death occurred ind/or Investi	curred at the ti gation, in my	me, date and ple opinion, death oc	ce, end due to the curred et the time	id due to the cause(s) and manner as stated. If et the time, date and place, and due to the cause(s)			
To the To the comple	Me	29b. Signature end title of certifier	Und marinor Sta			29c. Licen	se number		29d. Date signed (Month, Day, Year)			
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1		20 Name and address of severe	mulated excess of t	? /								
5			leavy,	MD	Tow	er 110	D, TH	H, Phy	SICIang	loung	90	
Sta	ite	31. Date filed (Month, Day, Year)	32. Registra	r's Signature	SO 2 00							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Ella 04 97 Goings 10:30am /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6025 Framingham Road Baltimore Na Hours Min. 8, Dete of Birth (Month, Day, Year) 12-03-16 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□M 2√F 80 Yrs. 237-36-6931 Director NC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore MD 1 1 16s 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Framingham USA 6025 Funeral 4. Race - American Indian, Black, White, etc. 11. Marifal Status Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0026 Black 1 ☐ Yes 2 ☐ No Specify: à 3 ₩idowed 4 Divorced Specify: Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry should be filed within 7 and Mental Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Laurdry grade. Sinai 18. Mother's Name (First, Middla, Maidan Sumame) 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be 1 Department of Health and Mental 1 Important: If Item 27 is marked of UNKNOWN QHNSON 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Betty Rd. Baltimore, MD 2/206 6025 Framingham 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, Stete 1 Durial 2 Cremation 3 Removal from Stata 8 MEM Barders 4-11-97 Dundalk, MD oshell 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Baltimore, Maryland 23a. Part1. Enfer the disease, or complications that reaused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. WM.C.March FH 1101 E. North AVenue 21202 **Physician** /Medical Immediate Cause (Final disease or condition rasulting In daath) Examiner Examiner slcian end buriel-transit Sequentially list conditions, if any, laading to Immediata cause. Entar Underlying Cause (Disaase or Injury that initiated events resulting in death) Lasf Due to (or as a consequence of) physician s the buriel Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown been signed by should be detac þ 24b. Were autopsy findings available prior fo completion of cause of daath? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to madical examiner?
1 ☐ Yas 2 ☒ No 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Magner of Daath 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 ☐ Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 4 Homicide Medical 29a. Certifier 1 cartifying Physicien: To the best of my knowledga, daath occurred at the time, data and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0-1815-1 MO

State Registrar

98 N. Broadway #410 Balto., MD 21231 32. Registrar's Signature which tavidson- Andall

M.D.

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

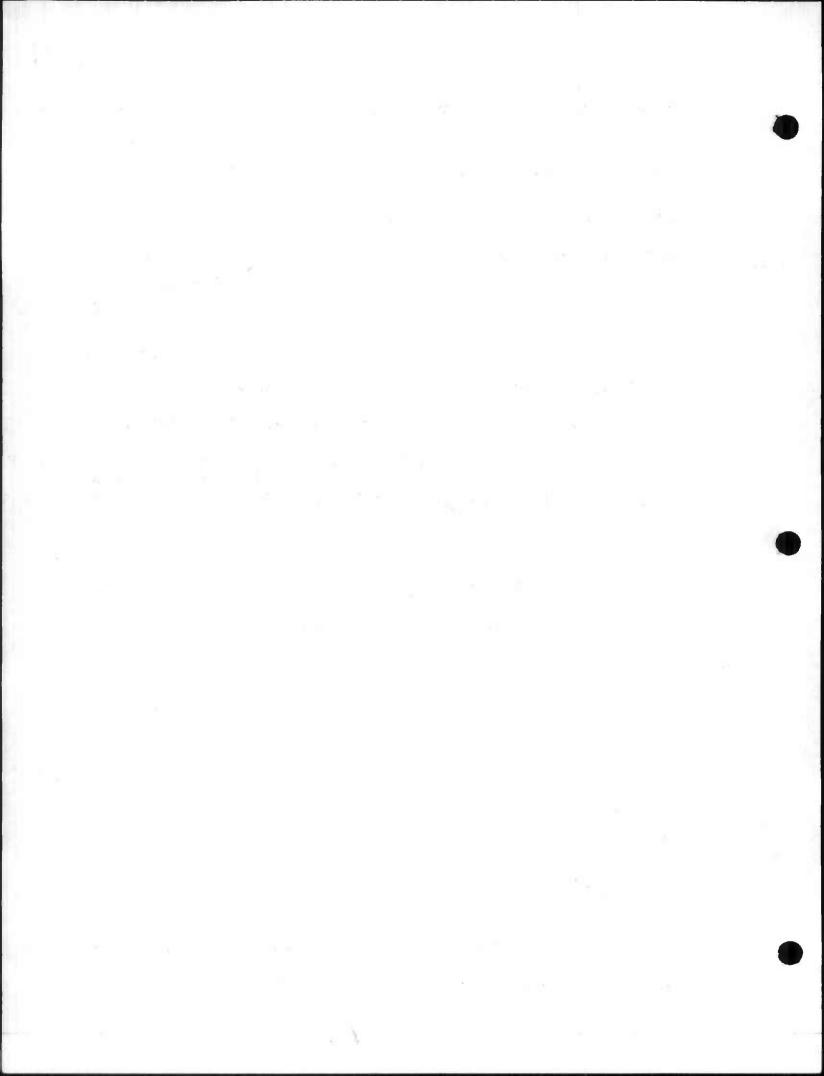
Chi-Shiang Chen,

31. Date filed (Month, Day, Year)

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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

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1000		5. Social Security I		Sex	7. Aga (In			der 1 Year						
neral ector		216-18	8-6412	1 2 F	72		Yrs. Mont	hs Days			Dey, Yeer) 6-24		nplace (Stata or Fo untry) Md.	
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State of Maryland / Department of Health and Mental Hygiene 97

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al di	1	1 Yes 2 No		X	-		etlent 3E		4 Li Nursing	Home 5□ Res			city)	
v: After he funer ation:	1	27. Manner of Deeth Naturei 5 Pending 21. Accident Investigation 3 Suicide 6 Could not be					Fime of njury et Work? M 28c. injury et Work? 1 Yes 2 No			28d. Describe	28d. Describe how injury occurred			
To the Funeral Director: After t completely filled in by the funeral medical Certification:		3 ☐ Suicide 6 4 ☐ Homlcide	288. Place	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street a City or Town, State						Num <i>ber or R</i> u	ural Route Number,			
he Funer pletely fill edical		29a. Certifier (Check only one)	Certifying Ph Medical Exan	niner: On the bi	best of my know asis of exeminet ner steted.	wledge, d	eeth occur r investige	rred et the tir etlon, in my c	me, dete end ple opinion, deeth oc	ce, end due to the curred et the time	ceuse(s) e , date end p	nd menner es blace, end due	s steted. to the ceuse(s)	
comp	ш.	29b. Signature end title	of certifier		0 1			29c. Licens	se number		29d. Date signed (Month, Dey, Year)			
		SPAN	chlia 1	m.t	7 1	D 41	410		ADDTI	11	1007			

State Registrar

JOGINDER P. MEHTA, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

31. Date filed (Month, Day, Year)
APR 14 1997

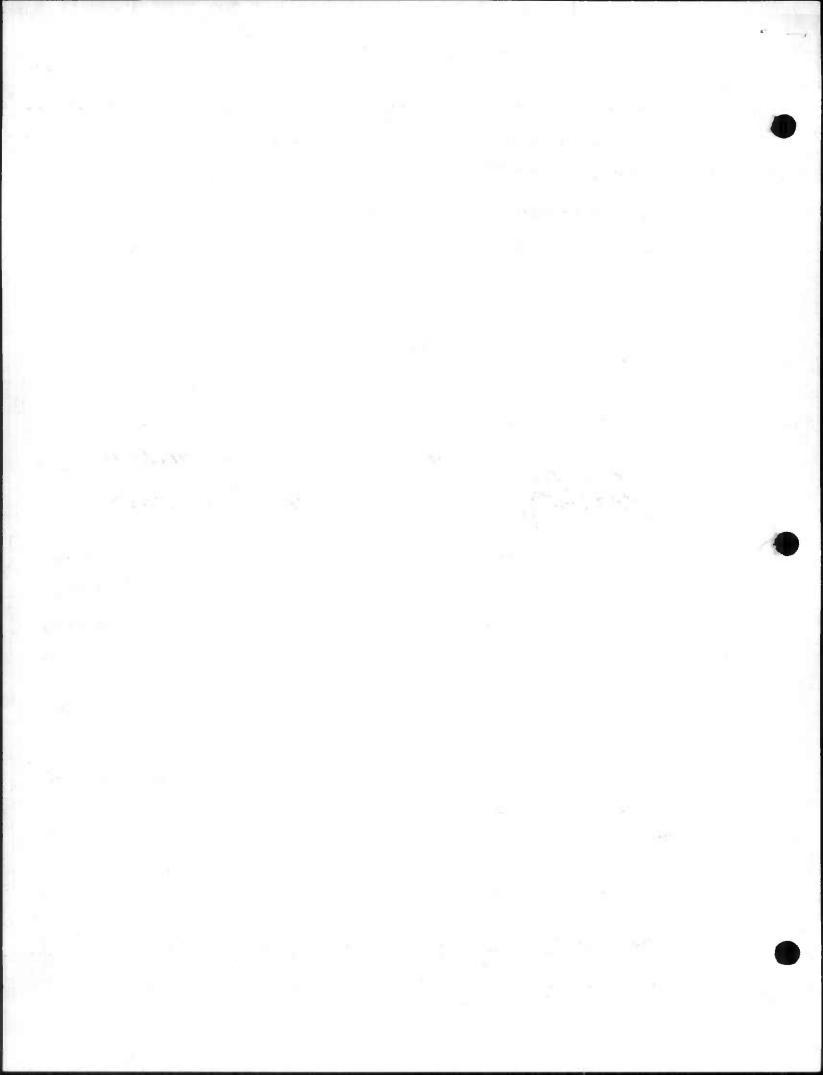
June Strar's Signeture
APR 14 1997

30. Neme end/eduress of person who completed cause of deeth (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama /First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Mary Gallagher 6:09 am April 1997 11 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hookins Bayview Medical Center Baltimore 7. Aga (In yrs. last birthday) 83 yrs. if Undar 1 Yaar | if Undar 24 Hrs. 5. Social Sacurity Number 6. Sex 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** 1□M XXF Yrs. Director 212-12-4559 Nov.15,1913 Maryland Usual Rasidanca of Dacedant the Maryland 10a Stata 10h County 10c. City, Town or Location items 23a or 28a-f show ner must be notified at 10d. insida City Limits Dundalk Md. Baltimore 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21224 606 48 th. Street USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: "natural", or Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other transmets." Elementary/Secondary (0-12) Collaga (1-4or 5+) U.S. Govt. Food Managment 8 yrs. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Be Eli Pope Florence Pope 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 606 48th Street Baltimore Md. 21224 Aileen Rowe daughter 20b. Placa of Disposition (Name of cematary, cramatory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory 4 - 11Baltimore 22. Nama and Addrass of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 with s that causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, intarval Batween Onsat and Death **Physician** Immediata Causa (Final diseesa or condition rasulting in death) /Medical Sepsis Examiner Dua to (or as a consaquenca of): aspiration Angumonia The law requires that the death certificate be executed Saquantially list conditions, if any, laading to immediata cause. Entar Undarlying Causa (Disease or injury that initiated avants rasulting in death) Lest and Dua to (or as a consaquanca of): P.O. Box 68760, physician leus Physician/Medicai the Dua to (or as a consaguanca of): adder attending for use as cancer Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy parformad? Be Completed page 2 1 ☐ Yas 2 No 1 Yas 2000 Inding Physician: 25. Was casa rafarred to medical 26. Placa of Daeth (Check only ona) exeminar' Hospital: 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) ٩ 1 Yas 28 No 27. Manner of Deeth 28e. Data of injury (Month, Day Year) Medicai Certification: 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending Investigation Matural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not ba 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homiclde 29a. Cartifian certifying Physician: To tha best of my knowledga, daath occurred at tha tima, deta and placa, and dua to tha cause(s) and mannar as stated. Medical Examinar: On the best of axamination and/or invastigation, in my opinion, death occurred at the tima, date and place, end dua to the cause(s) and mannar stated. (Check only one) 29b. Signatura and titla of cartifiar 7 ¥ it 29c. Licansa numbar 29d. Data signad (Month, Day, Year) W RES-000 1997 MD 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) Hopkins Hospita Crua MD ilo Tower Johns

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMENDED ITEM #5 PER FH-G778 12/13/99 AH Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Vertelle Scott Gantt 9:15a.m. April 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Genesis Elder Care Randallstown Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 213-14-3981 213-10-1 1 M 2 F Director 86 Dec. 10,1910 S.C. Usuel Residence of Decedent 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits N/A MD. Baltimore Director Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3510 Woodbrook Avenue 21217 U.S.A. deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indien. Bleck, White, etc. filed within 72 hours effer 1 Never Married 2 Married 1 Yes No Baltimore, Maryland 21215-0020 1 Yes 25 No Specify: SpecifyBlack by 3 X Widowed 4 ☐ Divorced Yeer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) Collega (1-4or 5+) Postal Clerk U.S. Postal Service permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: if item 27 is merked other any injury or other traumatic event, it 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 Frank S. Scott Mariah Peterson 19a. Informent's Name/Raletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) son Reginald D. Gantt 3510 Woodbrook Avenue Baltimore, Md. 21217 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, Stete 1 Surial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Arbutus Memorial Park April 10 Balto. County, Md. 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 21. Signature 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23e. Pert il Enter the disease, or complications that faul death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or haart failura. List only one ceuse on basy line. Approximete Intarval Between Onset end Death **Physician** -105clerosis /Medicai Immediete Ceuse (Finel VERD diseese or condition resulting in death) **Examiner** Due to (or es e consequenca of) Examiner -transit that the death certificate be axecuted Sequentially list conditions, if eny, laading to immediata ceusa. Entar Underlying Cause (Diseese or Injury that initiated evants resulting in deeth) Lest end Due to (or as e consequence of): physician er is the burief-t Box 68760. Physician/Medicai Due to (or es e consequence of): P.O. | Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown á Records. þ The law requires 24b. Were autopsy findings evelleble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? page 2 has 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was casa referred to medicel 26. Piece of Deeth (Check only ona) Hospital: Other: Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA \$1 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Ather Attending 1- Naturel 5 Pending death. 2 Accidant investigation 1 Yas 2 No at or Attend after death Director: 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Phyeiclan: To tha bast of my knowledge, deeth occurred at tha time, dete end plece, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On tha basis of examinetion end/or invastigation, in my opinion, daeth occurred at tha tima, data and place, and dua to the ceuse(s) and menner steted. Medicai 29a. Cartifier

Hospital o 24 hours at Furnital D

State Registrar 29b. Signature end title of certifier

30. Neme and address of person

Prome

31. Deta filed (Month, Day, Year) APR 14 1997

n. D.

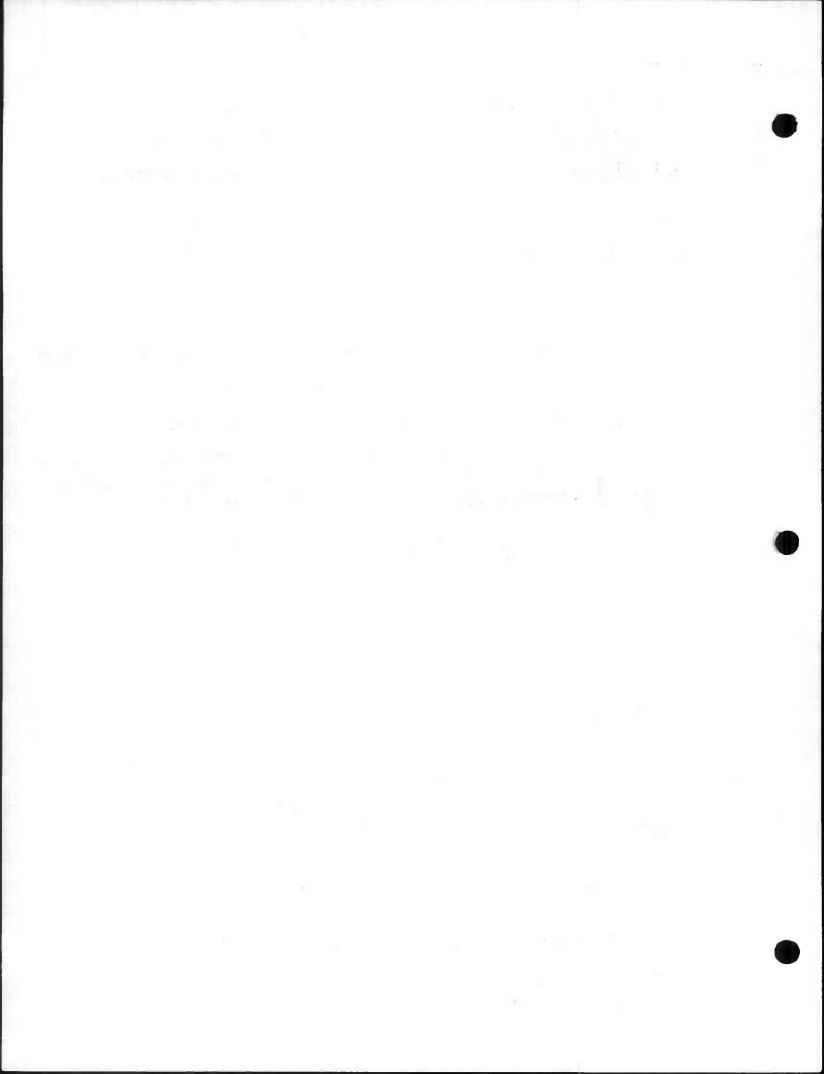
who completed ceusa of death (Itam 23a) (Type, Print)

29c. License number

Liberty

Nandalstown

29d. Date signed (Month, Dey, Yeer)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** -RANCIS /Medical 4e. Fecility Neme (If not institution, give street end number) City, Town, or Location of Deeth 4c. County of Deeth Examiner ARUN If Under 1 Year If Under 24 Hrs. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1X M 2□ F 216 03 0110 Yrs 91 Director June 21, 1905 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 ☐ Yes 21 No Director Maryland Anne Arundel Glen Burnie 10e Street and Number 10f. Zip Code 10g Citizen of What Country? 8 137 Linden Road 21060 U.S. Items 23a Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 □ Never Married 2 □ Married b 1 Yes 2 No Specify: Specify: by 3X Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Sheet Metal Worker 8th Western Electric 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Caroline Kuntzie Henry Hoernig 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) ä Department of Health Important: If Item 27 Frances Zulka daughter 109 Linden Road Glen Burnie, Maryland 21060 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete ò 4 ☐ Donetion 5 ☐ Other (Specify) 4/15/97 Meadowridge Mem. Park Baltimore, Maryland 21. Signature of Funerel Service Sicensee 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final 4 Deups disease or condition resulting in deeth) Examiner es e consequence of Examine physician and s the burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical 88 attending p Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown þ 24b. Were eutopsy findings eveltable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 2 No certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Wes case referred to medical examiner? 26. Ptece of Deeth (Check only one) Hospitel: 1 Dinpatient Other: 4 Nursing Home 1 Yes 2 No Certification: To 2 ☐ ER/Outpetient 3 ☐ DOA 5 ☐ Residence 6 ☐ Other (Specify) 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 🖫 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menger stated. 29b. Signature and title 29c. License number 29d. Date signed (Month, Dey, Yeer) Ma 4 rson who completed cause of death (Item 23e) (Type, Print) Mountain 3708 debor hnis

State Registrar

31. Dete filed (Month, Day, Year)

APR 14

32. Registrar's Signature

what Davidson

Baltimore, Marylagd

Box 68760

Records, P.O.

Division of Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yeer Haeffner 8:00 413 Lillian 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Frederick Co. Clearfield Road → Frederick If Under 24 Hrs. 8. Date of Birth 7. Age (In yrs. lest birthdey) If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) New York Deys 1□M 2♥F 212-44-0436 95 Yrs. February 27, 1902 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 N No Maryland Frederick Co. Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21702 United States 8010 Clearfield Road 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No Specify: Specify: White 3 ₩ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede com 16b. Kind of Business/Industry ede completed) Etementery/Secondery (0-12) Coltege (1-4or 5+) Homemaker Own Home 6 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Hedwig Schila Joseph Wenzel 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zlp Code) Mr. Joseph A. Haeffner/Son 7012 Charles Ridge Road Towson, Maryland 21204 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4/14/97 Most Holy Redeemer Cemetery Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetura of Funeral Servica Licensee Brian A. Willem 22. Name and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Buan a. Willen 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Finel diseese or condition resulting in death) Leave (or es e consequença of): Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or tripiry that initiated events resulting in death) Lest Due to (or es a consequenca of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 2 TNo 1 ☐ Yes 2 ☐ No 610 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Amesidenca 6 Other (Specify) 1 Yes 2 ₩ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

notified at

Directo

Funeral

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Completed

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Examiner

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Certification:

Medical

27. Menner of Death

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the Marylend

21215-0020

Baltimore, Maryland

filed with

marked other

permit. Pages 1 end 2 should be the Department of Health and Mental Hy important: If Item 27 is marked other any injury or other trauments event

ettending physician end for use es the buriel-transit thet the death certificate be executed been signed by the e should be detached hes

P.O. Box 68760,

Division of Vital Records,

After this certificate

Attending Physician: To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral

28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 5 Pending investigation 1- Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) pleted cause of deeth (Item 23e) (Type, Print) Sowgh St 31. Date filed (Month, Day, Yeer)

28d. Describe how Injury occurred

28b. Time of

State Registrar

was seminary following

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items24a,26 4-14-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** HUGHES 0946 Ori /Medical 4b, City, Town, or Location of Death 4a. Facility Name (if not institution, give street end number) County of Death Examiner BAltimore HOSPITAL Baltimore ORTH WEST 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs. 9. Birthplace (State or Foreign Country) **Funeral** Deys Months 1 MM 2□ F Hours 215-32-873 N.C 62 Director Usual Residence of Decedent with the Maryland 10a. Stete County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Deportment of Heelih and Mental Hygiene. Important: If them 27 is marked other than "natural; or items 23a or 28a-f ahow any injury or other traumatic event, the Wadisal Examine Institution notice that 1 ☐ Yes 2 No HIMORE ZDUICO Directo 10g. Citizen of What Country? 10e. Street and Number 10. Zip Code AZU 21111 le! 1ERIAM DUR. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American indien, Black, White, etc. 11. Maritel Status 1 ☐ Yes 2 N No If Yes, Give Year or Dates: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: b 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 18b. Kind of Business/Industry College (1-4or 5+) Elemantary/Secondary (0-12) Departor Dalto. (
18. Methor's Name (First, Middle, Melden Surneme) 10. 7+6 17. Father's Neme (First, Middle, Last) Be Ua 10 Nes au 19a. informant's Name/Relationship (Type, 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Wite leriam Cour 6/ lills lab 20b. Placa of Disposition (Name of cometery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Buriel 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify) 3 □Removal from State 8001E 21. Signature of Funeral Service Licanse arch Wabash 300 51212 torr Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failura. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical ind-stage Myeloma yrs Examiner Due to (or as a consequence of): Examiner attending physician and for use as the bunal-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, The law requires that the deeth certificate be Physician/Medical Due to (or as a consequence of): signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 ☐ Yes þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen : page 2 s Hes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification completely filled in by the funeral director, 89 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitai: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28b. Time of Injury 28c. injury at Work? 28d. Describe how injury occurred Certification: Naturei 2 Accident 5 Pending Investigation 1 Yes 2 No 8 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide

State Registrar

29a. Certifier

(Check only one)

29b. Signature and title of certifier

Medical

Susan Owens MD Northwest Registrar's Signeture 31. Date filed (Month, Dey, Year) APR 14 1997 Devidson-Rancall

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

neus MD

1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and due to tha causa(s) and manner as stated.
2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to tha cause(s) end menner steted.

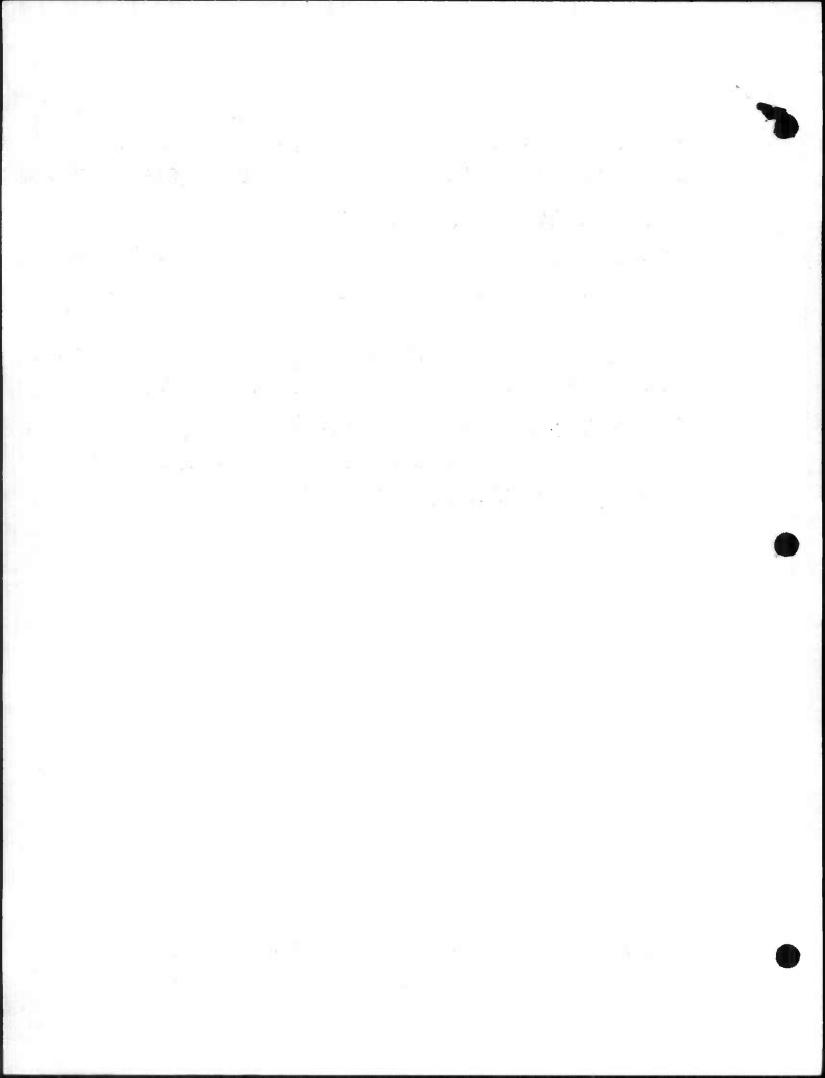
29c. Licanse number

D22751

29d. Dete signed (Month, Dey, Year)

Ceciter, Raudall STown Md

(pril 4, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death HARRIS MARY APRIL 7:45 PM 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth JOHNS HOPKINS BAYVIEW BARRIMORE N/A If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 TF Deys Yrs. 230-07-7758 March 3, 1911 Virginia Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2(2)No Dundalk Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 6 Parkwood Road 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Specify: 3.2 Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Cotlege (1-4or 5+) 3 Years Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Alfred Ingeldove Nannie Laura Cassell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Helen Marks / Friend 4 Parkwood Road Dundalk, Maryland 21222 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) New Hope Cemetery 4/10/1997 Appomattox. VA 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Partf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory erreat, Interventional Property and Prop Approximate Interval Betw CONGESTIVE HEART FAILURE Due to (or as a consequence of): CORONARY ARTERY DISEASE Immediate Ceuse (Finat 2 YEARS disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 No

Physician /Medical Examiner

Baltimore, Maryland 21215-0620

Pages 1 and 2 should be fit ment of Health and Mental H ant: If hem 27 is marked off

ò Department of important: If

Physician

/Medical

Examiner

Director

by Funeral

Completed

Director

Examiner Physician/Medical þ Completed Be

the 80 signed by the e funeral

Records, P.O. Box 68760,

Division of Vital

physician end the buriel-tran

Certification:

or Attending Physician: efter death. Director: After this certifica To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by the

Registrar

Medicai

(Check only one)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28b. Time of 28d. Deacribe how Injury occurred 28c. Injury at Work? 1 Maturat 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1x Certifying Phyaicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner as stated.

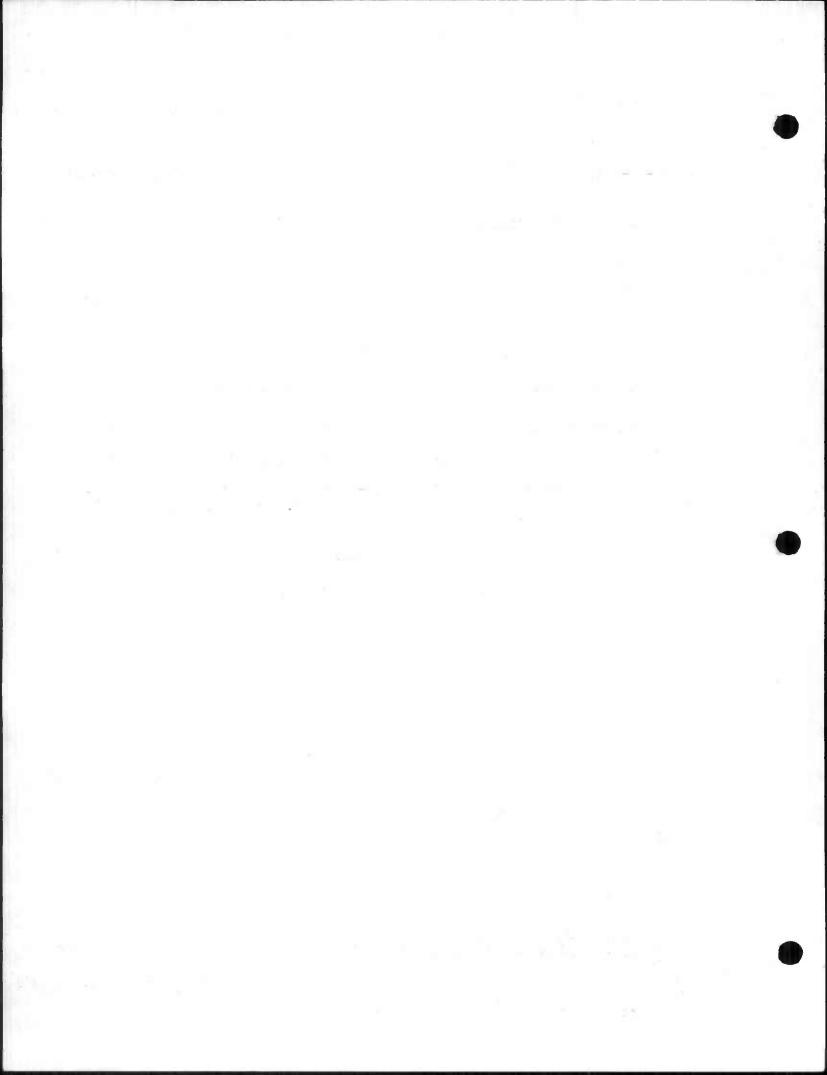
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete end plece, and due to the cause(s) end manner stated.

29c. License number 29d. Dete signed (Month, Dey, Year) M6161

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

KRISTIN THOMAS, MD TOWER 110 JOHNS HOPKINS HOSPITAL, BALTIMORE MD 31. Date filed (Month, Dey, Year)

32. Registrar's Signeture



Please Type or Print in Biack Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death		Reg. No.	11079	
Physicia /Medic			2. Dete of Dea	Rey 199	3. Time of Death	
Examin Funeral Director	er	5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) H Under 1 Year II Under 2 230-20-3333 1 M 20 F 83 Yrs.	rn, or Location of Deeth A Hrs. 8. Dete of Birth (Month, De) 08-09	Baling (Year) 9. B	ath more inthplace (State or Foreign Zountry) VA.	
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Division To the Hospital or Attendit within 24 hours after deeth. To the Fundral Director: A completely filled in by the fu	Medicai C	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth end menner steted.	occurred at the time, o	late end place, end du	ue to the cause(s)	
7		29b. Signeture end title of certifier 29c. License number 30 Name and eddress of parson who completed cause of death (Item 23e) (Type, Print)	88	29d. Dete signed (Mor	-97	
Stat Registra	_	31. Dete filed (Month, Dey, Year) APR 1 4 1007	medic	al Cer	ter.	

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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emit. Pages 1 ar apartment of Nea reportant: if Isem: ny injury or othe fice.		Arbutus Mem. Pk. Cem 04-11-97 Arbutu														
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aw 2 s b												24a. Was	an autopsy prmed?	ev co	ara autops eileble pri mpletion of deeth?	
The iz												10	Yes 2 No	10	Yas 2	No
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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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cto	MARYLAN	D BAL	TIMORE			T	OWSON						1 ☐ Yes 2 No
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State	31. Dete filed (M			[rar's Signatur								
egistrar	APR	14 1997	4	chia da	idson-B	ndess							

State of Maryland / Department of Health and Mental Hygiene 97

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OIVISION Or Attending offer deeth. Director: After In by the fune	Certification:	3 ☐ Suicida 6 ☐ Could	d not be 28a. Place of	f Injury - At homa, , atc. (Specify)			140 22/110	28f. Location (Sti City or Town	reet and Numbe , Stata)	r or Rural Routa Number,	
DIVISION To the Hospital or Attanding Is within 24 hours effer deeth. To the Funeral Director: After complately filled in by the funer	edical	one) 2 Medica	ing Physicien: To the bi il Examiner: On the bas and menne	is of axamination e	ga, daath occu ind/or Investiga	ation, In my o	ppinion, daath occu	rred at tha tima, da	ata and placa, ar	nd dua to tha causa(s)	
To Too	×	29b. Signatura and titla of certif	jale Am	0		29c. Licans	18711	29	9d. Dete signed	(Month, Day, Year) $5 (97$	
7		30. Nama and address of personal BERNARIO	U. Gun	of death (Itam 23a 2A(C)	JR MY) 30	130n	SECOM	s ites	PITAL Balto. Ind. 2/22	
St Regist	ate rar	31. Data filed (Month, Day, Yaa APR 14	1997	the Devidon	-Mandell	٤			,		

and the second of the second o

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month 04 **Physician** JOHNSON /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Services CATE HEALTH BALTIMORE MANOR Towson If Under 1 Year | If Under 24 Hrs. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 040 34 0192 1 M 2 XF Days Hours Director Connecticut Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Towson Maryland Baltimore 1 ☐ Yes 2 No Funeral Director 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 21286 United States 509 E. Joppa Rd 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 11. Maritai Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 □ Never Married 2 □ Married 21215-0020 1 ☐ Yes 2 XNo Specify: White Completed by Specify 3 X Widowed 4 □ Divorced the Medical 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filled willhin Elementery/Secondery (0-12) College (1-4or 5+) Reference Librarian Library Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be 1 nent of Health and Mental I int: if Nem 27 is marked of Charles Crandall Martha Broadie 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1817 Rushlev Rd., Baltimore, MD 21234 19a. Informant's Name/Relationship (Type, Print) Department of Health a important: if item 27 is any injury or other trau once. Leight Johnson / Son 1817 Rushley Rd., Baltimore, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 ☐ Burial 2 M Cremation 3 ☐ Removal from State Green Mount Crematory 4/14/97 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signati CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD 21286 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** CONGESTIVE HEART /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner BREAST CARCINOMA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting In death) Lest Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, physician The law requires that the death certificate be Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Honknown à Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy performed? pege 2 s certificate 1 Yes 2 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours efter death.
To the Funeral Director: After this certification pletely filled in by the funeral director; g Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 UNursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Natural NIA NIA 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Toym, Stete) 4 THomloide within 24 hours eft To the Funeral Di completely filled in edical 29a. Certifier 1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of contifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) JOHN T. EVELIUS 5444 BELAIR ROAD 5444 BELAIR ROAD SUITE A

State Registrar 31. Date filed (Month, Day, Year)
APR 14 1997



THE WEST OF SAME and the second of the second o

			State of Ma	aryland / I	Certificate of			jiene leg. No.	97	1108	
Physic		Decedent's Name (First, Middle, L. FAYE	JOHNSC)NI			2. Date of Dea Month	Dey	Year	3. Time of Death	
/Medi Exami		4a. Facility Name (If not institution, gi		JIN .		4b. City, Town, or Lo	APRIL ocation of Death	8, 19		1:25 PM	
Exami	ner	11 WEST 20TH	and the same of the same	PT. #1		BALTIM		1	NA		
Funeral Director		5. Social Security Number 6. 300-32-1918	Sex 7. Age	(In yrs. last bit			8. Date of Birth (Month, Day 08-26-	, _{Year)} -23	9. Birthplace Country) Jama	e (State or Foreign i Ca	
2 *	7	Usual Residence of Decedent 10a. Stafe 10b. County		10c. City, Tow	n or Location				100		
	Director	Md. NA			imore					Inside City Limits XIXYes 2 □ No	
NH		10e. Street and Number	Street Ap	ot.#13	10f. Zip Code B 2121	.8	1	0g. Citizen of US		?	
UZU urs attendes al., or itams Examiner m	by Funeral	11. Marital Stetus 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:		13. Was Decedent of Hit Yes, specify Cube	dispenic Origin? (Spe an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ce - American ck, White, etc.		
Maryland 21215-UUZU d 2 should be filed within 72 hours at n and Markal Hygiene. 7 is marked other than "natural", or traumatic event, the Medical Exam	Be Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12) 12th Grade	ducation ada complatad) College (1-4or 5- 2 yrs •	+)	Decedent's Usual Occup (Give kind of work dona life. DO NOT usa ratired	pation during most of works d)	ing	16b. Kind of B		try	
High Hygin offiser	O	17. Fether's Name (First, Middla, Las				18. Mother's Name	e (First, Middle,				
ylar ould be Menta erhad erhad erhad	To B	Joseph Albe	rt Grant	:		gertru	rude West				
and to		19a. Informant's Name/Relationship	Type, Print)	195	. Mailing Address (Straat	and Number or Rure	Rural Routa Number, City or Town, Stata, Zip Code)				
20 Miles 200 No.		LaAron Johnso	lstown	own, Md. 21133							
Ore of High		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cematary, cramatory or other place) Crematary, cramatory or other place) Greenmount Cem. 04-11-97 Baltin									
pemit Pag Department Important any injury once		21. Signeture of Funeral Service Lica	nsee K. On	20	22. Name end Addre		altimon		-		
Medical Examiner Licate be executed by hysician and its the buriel-transit is the puriel-transit.	edical Examiner	finmediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	p	Due to (or es a	consequence of):	vascular	dise	ase			
at the death of by the attended for u	Physician/M	Part II. Other signiffcant conditions of	contributing to death bu	t not resulting le	n the underlying cause giv	ven in Part i.		obacco use co		e cause of death?	
he lew requires that the death certifies the second signed by the attending to a should be deteched for use a	by		- U				24a. Was a		24b. Were	autopsy findings ble prior fo	
has ge 2	Completed						Inspec	tion	of dee		
cian: The sertificate ector, pa	Be	25. Wes case referred to medical examiner?				28. Piece of Death	(Check only on	e)		^	
Physic this ce	2	XXYes 2 No	Hospital: 1 ☐ Inpatien	it 2□ER/Ou	tpatient 3 DOA Oth	ner: 4 Nursing Ho	me 5 XReside	nce 6 Oth	er (Specify)		
	Certification:	27. Menner of Death 1 Natural 5 Pending investigation		(Year) 28b. 1	rime of 28c, Injury Wor 1 □	yat k? Yes 2 □No	28d. Describe ho	ow injury occur	red		
tal or Attending rs after death. el Director: Afte	Certifi	3 ☐ Sulcide 6 ☐ Could not be determined		ry - At home, fa (Specify)	rm, street, factory, office	1	28f. Location (St City or Town	raat and Numb n, State)	er or Rural Ro	oute Number,	
he Hospi in 24 hou he Funer pletaly fill	edicai	29a. Certifler (Check only one) 1 ☐ Cartiflying Ph	yalclan: To the best of niner: On the basis of e end manner stat	examination an	, death occurred et the tin d/or Investigation, in my o	me, date and place, a plnion, death occurre	and due to the ca ed at the time, d	ause(s) and me ate end placa,	nner es stete and due to the	d. e ceuse(s)	
To t To t	Σ	29b. Signature and fitle of certifier		2.0	29c. Licens		2	9d. Date signe	d (Month, Day	, Yaar)	
H		30. Name and eddress of person who	h Va	ath (Items 3a)	ne	C.M.E		APRIL	9, 1	997	
\		Stephen S. Ra	dentz. MC	111	Penn Stree	et, Balt	imore.	Marvl	and 2	1201	
Sta Registr		31. Date filed (Month, Day, Year) APR 14 1997	Je. Registra	's Signature	delle			<u></u>	1		

DHMH 16 Rev 6/95

Market Committee Committee

tate of Maryland / Department of Health and		11085
Certificate of Death	Reg. No.	
	2. Dete of Deeth	3. Time of Deeth

Day

Yeer

6:53 PM

10d. Inside City Limits 1 ☐ Yes 2 No

Maryland

White

21225 Approximete ervel Between Onset end Deeth

2 WEEKS

10 YEARS

1 ☐ Yes X No

Month

Physician /Medicai **Funeral** Director

1. Decedent's Name (First, Middle, Last)

page 2 funeral the in by

STANLEY KNOX APRIL 12, 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** TOWSON, MARYLAND B

If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

Months Deys Hours Min. July 18,1916 SAINT JOSEPH MEDICAL CENTER BALTIMORE 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1⊠ M 2□ F 213 10 7111 Yrs. 80 Usual Residence of Decedent 10b. County 10c. City, Town or Location r 28a-f show 10e. Stete Maryland Anne Arundel Baltimore Director 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? must be n rms 23a 601 Alden Street 21225 U.S. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11th Truck Driver Transportation Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be should be Mental merked 2 Stanley A. Knox Helen C. Buchal 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) it. Pages 1 and 2 s riment of Health an riant: If item 27 is r Marie M. Knox / wife 601 Alden Street Baltimore, Maryland 21225 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State 8 4 ☐ Donetion 5 ☐ Other (Specify) 4/15/97 Baltimore, Maryland New Cathedral Cemetery permit. Departri importa any injk 21. Signature of Funeral Service License 22. Name end Address of Fecility Gonce Funeral Home P.A. 23a. Part. Enter the diagraph, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Baltimore, Md. **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) **CONGESTIVE** HEART FAILURE Examiner Due to (or es e consequence of): Examiner ISCHEMIC HEART DISEASE siclan and burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): ettending physiclan for use as the buria Box 68760 2 Physician/Medical the death certificete Due to (or es e consequence of): ed by the el deteched for Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably Unknown Records, þ 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen hes 1 ☐ Yes 2 No certificate Division of Vital Attending Physician: 25. Wes case referred to medical Be 26. Piece of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 2 this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? After 5 Pending death. investigation 1 ☐ Yes 2 ☐ No 2 Accident i or Attend efter deat Director: 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

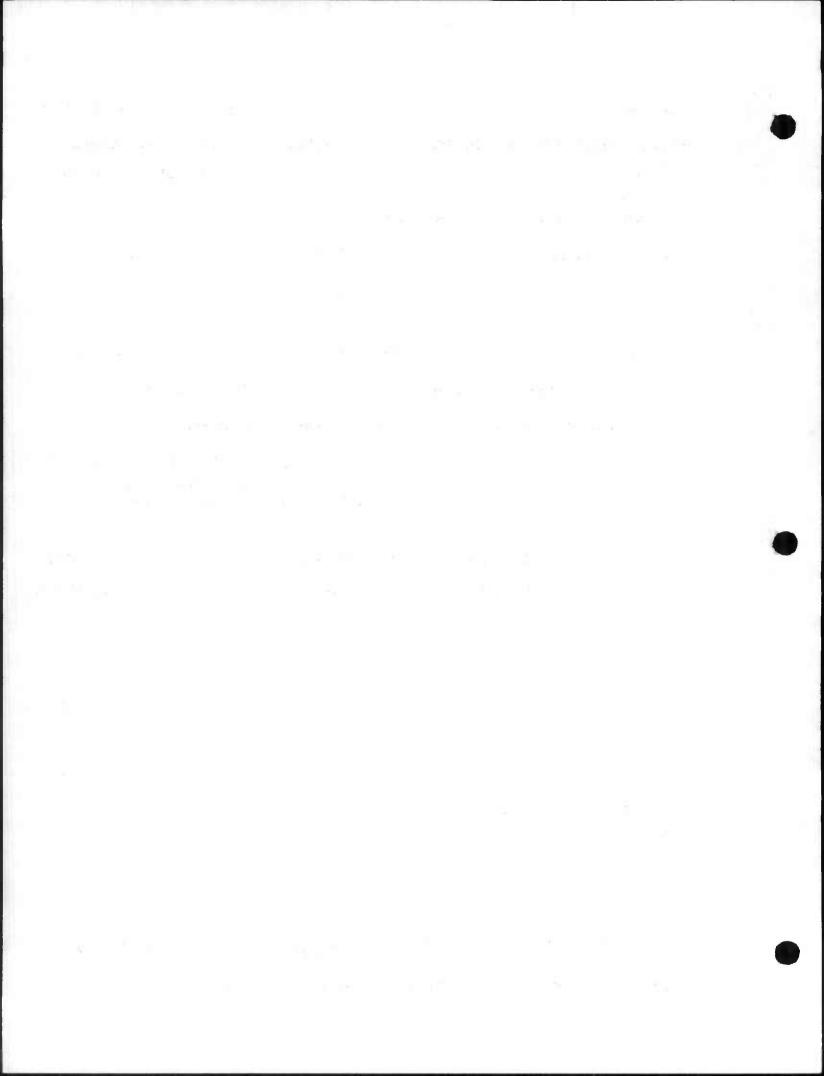
To the Hospital or within 24 hours eff To the Funeral Di completely filled in

28f. Location (Street end Number or Rurel Route Number, City or Town, State) 1X Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end piace, end due to the cause(s) end menner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 04-12-97 D 30263 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) m.D. 7620 YORK ROAD, 31. Dete tiled (Month, Dey, Yeer) FRANCIS T. KHOO, M.D. TOWSON, MARYLAND 21204

State Registrar

Medical



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Death **Physician** Month Dey 1997 April 8, Delma Catherine Kaufman 9:00 PM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street end number) 4c. County of Deeth **Examiner** 7945 Wise Avenue Dundalk Baltimore If Undar 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) Feb. 24,1913 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** Days Months 1□ M 2 🗸 F Yrs 84 Director 220-05-1279 Maryland Usuel Rasidence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore Dundalk 1 ☐ Yes 2 No Maryland Director r 28a-f s 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? b must be herrs 23a 21222 7945 Wise Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - Amarican Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 21 No If Yes, Give Yeer or Detes: ö Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify. 3℃ Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 years Own Home Homemaker 7. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pages 1 and 2 should be nent of Health and Mental P Mary Amelia Warr William Moses Fisher 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) upartment of Health as important: if frem 27 is n any injury or other 1000s. Charles E. Carroll/Son 203 S. Harrison Street Easton, MD 21601 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2X Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 4/11/1997 Towson, Maryland 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signeture of Funeral Sarvice Licensee 23a. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. **Physician** metastatic Lung can can 6-12 month Immediate Cause (Finel diseese or condition resulting in deeth) /Medical Examiner Examiner physician and s the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es a consequença of) Box 68760. Physician/Medical Dua to (or es a consequance of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Protein malnutulia, 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed I Records, þ menue sore. 24b. Were eutopsy findings eveileble prior to completion of causa of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No Division of Vital al or Attending Physician: The safter death.
Il Director: After this certificated in by the funeral director, pe Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Yeer) 27. Manne of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Spacify) 4 - Homicide Hospital or 24 hours aft
 Funeral Di
 Hotely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai To the Hosp within 24 hou To the Fune completely fi (Check only one) 29c. License number D16189 29d. Date signed (Month, Day, Year)
4/10/1997 29b. Signature and title of cartifier ROON. Karker MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print).

GEORGE N. KARKARMD, 1107 N. POINT Blood scale 223 - BACTO

MD 21724. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Julia Davidson-Randelle Registrar APR 1 4 1997

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner
Funeral

Director

Funeral

Ď

Completed

1. Decedent's Name (First, Middle, Last) Bertha Ruth Kennedy

2. Data of Death April 5, Dey 199 Year

4a. Facility Nama (If not institution, giva street and number) Union Memorial Hospital 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.
7 7 Months Deys Hours Min.

4b. City, Town, or Location of Daath Baltimore

4c. County of Deeth

Director

must be n

Saltimore, Maryland

Pages 1 and 2 should be fit ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even

Physician /Medical

Examiner

physician end the buriel-trensit

signed by the e

Division of Vital

Physician/Medical

Completed

Be

cal

Medi

10a Steta Maryland 10c. City, Town or Location

73

8. Data of Birth (Month, Day, Year) Sept 20,1923 9. Birthplece (Stata or Foreign Country)
Maryland

Usual Residance of Decedant 10b. County

5. Social Security Number

219-18-9496

NA

Baltimore

Yrs.

10d. Insida City Limits XX Yas 2 No

10e. Street and Number 2903 Huntingdon Avenue

1□ M 2♥ F

10f. Zip Code 21211

10g. Citizen of What Country?

1 ☐ Navar Merried 2 ☐ Married 3℃Widowed 4 □ Divorced

12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yes ②☐ No If Yes, Giva Yaar or Dates:

 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ Yes XIXNo Specify:

14. Rece - Amarican Indian, Black, White, etc. White Specify:

15. Decedant's Education (Specify only highest grade complated)

Collaga (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired)

16b. Kind of Businass/Industry

Elementery/Secondary (0-12)

Manager

Control Data

17. Fathar's Nama (First, Middle, Last)

Russell A. Brittingham

18. Mothar's Name (First, Middla, Maiden Surname) Bertha C. Schrier

19s. Informant's Name/Ralationship (Type, Print) William Kennedy III (Son)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Ststa, Zip Coda) 4 Fairtown Lane Taneytown, Maryland 21787

20a. Mathod of Disposition

XXBurial 2 Cremetion 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Nama of cemetary, cramatory or other place)
Druid Ridge Cemetery

20c. Location - City or Town, Steta 4/9

Pikesville, Maryland

21. Signature of Funeral Service License

22. Name end Addrass of Fecility

Burgee-Henss Funeral Home 21211 3631 Falls Road, Baltimore, Maryland

23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line.

Approximeta Intarval Batween Onsat end Death

Immediata Causa (Final disaasa or condition resulting in death)

MYOCARDIAL INFARCTION

CORONARY ARTERY DISEASE

Dua to (or as a consequence of):

NON-INSULIN DEPENDENT DIABETES

Dua to (or as e consequence of):

MELLITA

Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseesa or Injury that initiated events resulting in daath) Last

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death?

26. Placa of Death (Check only ona)

STAGE RENAL DISEASE

DIABETIC NEPHROPATHY

24a. Was sn autopsy performed?

24b. Wara autopsy findings svailabla prior to completion of cause of death?

1 Yes 2 No 3 Probably 4 Unknown

1 Yas 2 No

1 ☐ Yas 2 ☐ No

25. Was casa rafarrad to medical axaminar? 1 Yas 2 No

Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year)

28b. Tima of

28c. Injury at Work? 1 Yes 2 No

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28d. Dascribe how injury occurred

3 ☐ Suicide 4 Homicida

27. Menner of Death

1 Natural

2 Accidant

5 Panding invastigation 6 Could not be

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

29a. Certifier

1 Certifying Physician: To tha best of my knowledge, daath occurred at the time, deta and place, and dua to tha cause(s) and msnnar ss stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, deeth occurred at tha tima, data and place, and dua to tha cause(s) end menner stetad.

29b. Signeture and titla of certifies-

allenaning

29c. Licansa number D47051 29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

JOSE S. ALMARIO N. CHARLES ST #216 BALT. MD 21204 6565

State Registrar

31. Data filed (Month, Day, Year)

32. Registrar's Signatura The Savidson Randall

al or Attender.

are after death.

The prector: After the free trees.

To the Hospital or within 24 hours aff To the Funeral Di completely filled in

State of Maryland / D

Department of	Healt	h and Mental	Hygiene
O 1101 1		. 4	

111 Penn Street, Baltimore, Maryland 21201

e 97 11088

					Certific	ate of	Death		Reg. No.		1100
Physic	ian	Decedent's Nema (First, Middle, La T. D.Y. T. N. T. D.Y. T.		7.5				2. Date of De	eth	Year_	3. Time of Death
/Medi		IRVIN	JOHN		LONG			APRI	L 13,	1997	5:50AM
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Funeral Director	H	50 0107	Sex 7. Age (In 36		Yrs. If Un Monti	der 1 Yaa ns Deys		8. Dete of Bi (Month, De Dec. 5,		9. Birth Cou Mary	plece (Stete or Foreigntry) land
and		Usuel Residence of Decedent 10a. Stete 10b. County	10c	. City, Town	n or Location						10d. Insida City Limits
death with the Maryland rms 23a or 28a-f show	jo	Maryland Baltimo			Essex						1 ☐ Yas 2 ☐ No
r 28a	9	10e. Street end Number				Zip Code			10g. Citizer		
23a or	0	1642 Riverwood Rd				21221			_	S.A.	
items ?	Funeral Directo	11. Marital Stetus	12. Was Decadent Ever	in U,S.	13. Wes De	cedent of	Hispenic Origin? (S	pecify Yas or No	-	Race - Ameni	
9 9	by	1 Never Merrled 2 Married 3 Widowed 4 Divorced	1 Stres 2 □ No If res, Give Year or Detes:			2 No	ben, Mexican, Puèrt Spacify:	o Hican, etc.)	Rican, etc.) Bleck, White, etc. Specify: White		
72 hours natural', olical Ex	Completed	15. Decedent's Ed	ducation	16e.	6e. Decedent's Usual Occupation			delan	16b. Kind of Bu		dustry
c - M	npie	(Specify only highest gre Elementary/Secondery (0-12)	College (1-4or 5+)				during most of wor ed)	King			
T1 100 to 100	ပ္ပ	12			Lal	orer			Fence	Co.	
s I and 2 should be filed if Health and Mental Hygistem 27 is marked other other traumatic event, the	Be	17. Fethar's Nama (First, Middla, Last)					18. Mother's Nan	ne (First, Middle	, Maiden Su	meme)	
should be and Mental I marked or umatic eve	은	Irvin A. Long					Susan C.				
2 sh end is m		19a. Informent's Neme/Reletionship (Type, Print)	19b.	. Meiling Addre	ess (Stree	et and Number or Ru	rel Routa Numb	er, City or T	own, Stete, Zij	Code)
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80= 5		20e. Method of Disposition 1 SpBurial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specific	Removal from Stete	cemeter	Disposition (fi y, cremetory of awn Cer	or other pl		Data 1997		ion - City or To imore,	co., Md.
pemit. Pege Depertment of Important: If any injury or once.		21. Signature of Funerel Service Licar	see D				ess of Fecility	l Homo			•
/Medical Examiner	Examiner	Immediate Ceusa (Final disease or condition resulting in death)	Due t	o (or as e o	consequence	SOV of):	So of his	evol i	nha	val	
death certificate be executed s ettending physician and d for use es the buriel-transit	/Medical Exa	Ceuse (Disease or Injury that initialed events resulting in deeth) Lest Due to (or es a consequenca of):									
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requires that the open signed by the hould be detached	by Phys	Tax ii. Other digimicant conditions of	onthousing to death out not	resulting in	The underlying	g cause g	ven in Per I.		4.	No 3 Pro	o the cause of death bably 4 Dunknow
- 00	Completed to					·		24e. Wes	en eutopsy ormed?	ev cc	ere eutopsy findings relieble prior to empletion of causa deeth?
0 5 0	E							10	Yes 2 1	lo 11	☑Yes 2□No
ician: The	Bec	25. Wes case referred to medical					26. Plece of Dee	7.0		7	
0 0	70	exeminer? XXYes 2 No	Hospitel: 1 ☐ Inpatient	2 ER/Out	tpetient 3	DOA OI	her _			Mither (Specia	AT
Affending Ph r deeth. ector: After th by the funeral		27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Invastigation	28e. Dete of Injury (Month, Dey Year		VOutpetient 3LI DOA 4LI Nursing Home 5LI				how injury o		SCENE 4
tailor Affe rulation de at Directo ed in by it	Certification:	3 Sulcide 6 □ Could not be determined	At home, fer	a, ferm, street, lactory, office 28f. Location				ation (Street end Number or Rure) Route Number, or Town State)			
Tune of	edicai	(Check only 27 Medical Exam	vsician: To the best of my liner: On the basis of exem	knowledge,	deeth occurre	ed el the t	me, dete end plece,	end due to the	cause(s) end	d manner es s	teted.
44	Med	one) AA	end menner stated.					at the time,			
100	-	29b. Signature and title of certifier			2		se number			igned (Month,	
		30. Neme end address person who d	completed cause of deeth (Item 23e) (Type, Print)	-	.C.M.E.		ALLI	L 13,	177/

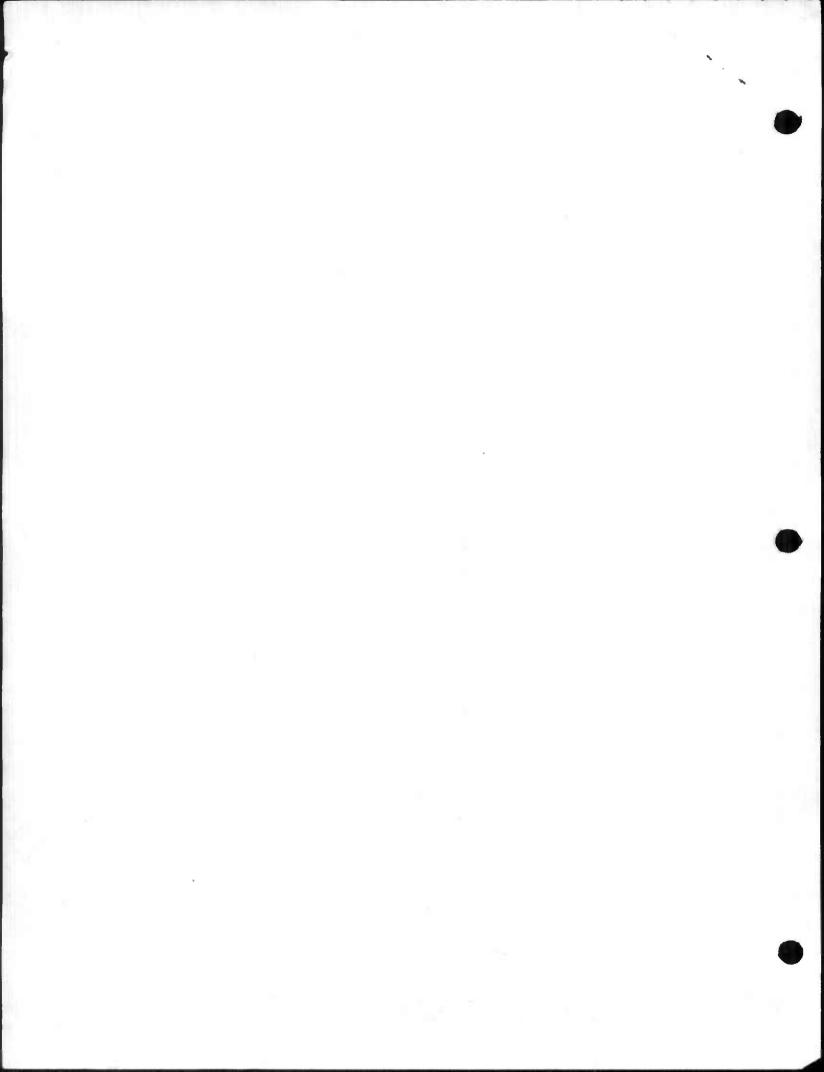
82 Registrar's Signeture

State Registrar 31. Date filed (Mon

State of Maryland / Department of Health and Mental Hygiene

97 1108

						Certifica	ate of	Death		Reg. No.	1	11009		
П	Physic	ion	1. Decedant's Nama (First, Middla, Las						2. Data of De		Year	3. Time of Daath		
	Physic /Medi		TANYA	LEC	GRAND				APRIL	05.19	997	6:10 PM		
	Exami		4a. Fecility Nama (If not institution, give $STEIIA$ $MAYIS$	Hospic	L AT	mer			or Location of Deeth	,	of Death			
	¿Funeral Director		219 - 80-5571 11	TM 2FF	(In yrs. last bir	thday) if Un Month		if Under 24 H	lin. (Month, De	h y, Year) 4, 1964	9. Birthpi Coun Mar	laca (Stata or Foreign try)		
	nyland thow		Usual Rasidence of Dacadant 10a. State 10b. County		10c. City, Town	n or Location				/	10	0d. Inside City Limits		
	the Ma	Funeral Director	Mary Cano Pla 10e. Street and Number		Ba	101.	0 /E Zip Coda			10g. Citizan of V	Whet Coun	1		
	s 23a o	eral D	2602 W. PATAPS					230		U.				
020	within 72 hours after death with the Maryland ene. than "natural, or items 23s or 28s-f show the Madesl Examiner must be notified at	by	11. Marital Status 1 ☑ Navar Married 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	/		Was Dacedant of Hispanic Origin? (Spelf Yas, specify Cuban, Maxican, Puerto F □ Yas 2□No Specify:				e - America ck, White, a	Btc.		
15-0	natur	leted	15. Decedant's Edu (Specify only highest grad	ication (a com <i>pletad)</i>	16a.	Decedant's U	sual Occup work done	during most of a	working	16b. Kind of Bu	usiness/Ind	lustry		
N	be filed withir stal Hygiene. d other than event, the M	Completed	Elementery/Secondary (0-12)	College (1-4or 5+	-)	HOUSE WIFE				UWW.	Home	19 Is		
Maryland	d be file	Be	17. Father's Nama (First, Middle, Last) Regers Le Gran	10					Nama (First, Middla,		a)			
ary	ges 1 and 2 should t of Health and Mer If Item 27 is marke or other traumatic	To	19e. informant's Name/Ralationship (T)		19b	. Mailing Addre	ess (Street		Rural Route Number		State, Zip	Coda)		
	and 2 saith a n 27 is		Linda Whiting		26	17 KG	ut St	rect	Baltine 1	Many	lorn	4/230		
Baltimore,	2 5 5 5 Z		20a. Method of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,									wn, Stata Hory Como Incrol Hone		
Balt	Departm Departm Importar any inju		21. Signeture of Funaral Sarvice Licens	88		5040	REI	STEIST	HATMAN WN RUAM		is He	meral Home		
F	hysician					not antar tha m	noda of dyi	ng, such es card	fiac or raspiratory ar	rest,		Approximata Interval Batween Onsat and Death		
ı	/Medical Examiner	×	Immadiata Causa (Finel disaase or condition rasulting in death)	a. Hepa	etic	Circle	Interval Batween Onsat and Death Losse's Ge of):							
		ner		1 He race	oua to (or as a c	consequence of	Of):	Alcohol	Abuse		i	Wars		
'n,	e execute ian and urial-trans		Sequentially list conditions, if any, laading to immadiate ceusa. Entar Undarlying											
	certificate be a nding physician use as the burie	n/Medical	that initieted evants rasulting in death) Last	D	ua to (or as a c	onsequence o	sequence of):							
. 00	deam or e attend ed for up	iciai	Part II. Other significant conditions con	ntributing to death but	not resulting in	the underlying	n causa ok	van in Part i	23b Did t	obacco usa cor	atribute to	the cause of death?		
7.	gned by the control of detached	by Physician	Aguiral 11									eably 4 Unknown		
9	aw reguir ss been s 2 should	Completed b							24e. Wes perfo	en autopsy med?	con	ore autopsy findings ailable prior to applation of cause death?		
= '	pag d									as MINO		Yes 2□ No		
VIII	reparation in This cardificate ral director, pa	o Be	25. Was casa refarred to medical exeminar?	lospital:	• • • • • • • • • • • • • • • • • • •		Ott					IS AT MERCY		
ou o	namg raya ith. 7 After this 6 funeral d	tion: To	1 Yes 2 No ' 27. Mannar of Death 1 Natural 5 Panding 2 Accident investigation	1 ☐ Inpatian 28e. Data of Injury (Month, Day		ima of njury	28c. Inju	4 Li Nursini	9 Homa 5 ☐ Resid	ence 6 20th) HOSPICE		
18	ins after dea	Certification:	3 Suicida 6 Could not be datarmined	28e. Place of Injur building, atc.	y - At homa, fer (Specify)	rm, straet, fact	ory, office		28f. Location (S City or Ton	Street and Number, Stata)	er or Rural	Route Number,		
E.A	A B P	edicai	29a. Certifiar (Check only one) 1⊠ Cartifying Physical Examination (Check one) 1Z Cartifying Physical Examination (Ch	sician: To the best of nar: On the basis of a and menner state	xamination end	, death occurre Vor Invastigati	ed at tha the	ma, data and ple epinion, deeth oc	ece, and dua to tha decurred at the time, of	causa(s) and ma data and place, a	nner as ste and due to	eted. the ceuse(s)		
1	within 24 To the Fu	Me	29b. Signetura end titia of certifier			2	29c. Licans			29d. Data signed				
			m. 2.	Jano ous			D40480 April 7, 1997 8, Print) 5810 Belair Rd Batto. 140 21206					1997		
			30. Nama and address of person who co			Typa, Print)		5810	selair.	rd .				
	-64	10	31. Dete flied (Month, Day, Year)	and the same of th				SATTO	MD	21206				
	Sta Registr	_	NPD 1 / 1007	gula Du	's Signature	ndelle								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Item 1 per PHY Film G74	6 4-14-97 rja	Cen	tificate d	of Death		Reg. No.	3/	11091
	Physic /Medi		1. Decedant's Nama (First, Middle, Las. HELEN RE		LASS	ITER		2. Data of De Month	Day	Yaar	3. Time of Death
	Exami		4a. Fecility Nama (If not institution, giva St. Agnes Hospito				4b. City, Town, or Baltimo		4c. County		
	Funeral Director		220 20 1773	7. Aga (In yrs. 72) 72	last birthday) Yrs.	If Undar 1 Ya Months De		8. Date of Bir (Month, Da Jan. 2	y, Yagr) 3, 1925	9. Birthpl Count Mart	leca (Stata or Foreig try) Yland
	eath with the Maryland is 23a or 28a-f show must be notified at	Director		timore 10c. Ci	y, Town or Loc	eation		Dundalk		10	0d. Inside City Limits
	h with it	al Dire	109. Street and Number 103 Center Place	Apt. 117		10f. Zip Cod		222	10g. Citizen of Unite		
020	a, or herra	by Funeral	11. Marital Status 1 ☐ Naver Marriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Dacedent Ever in U. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	lf	Was Dacadent of Hispanic Origin? (Spelf Yas, specify Cuban, Maxican, Puarto I ∀as 2 ☑ No Specify:			pecify Yas or No- p Rican, etc.) 14. Race Blac Specify.		atc.
Maryland 21215-0020	H	Sampleted	15. Dacadent's Edu (Specify only highest grad Elementery/Secondary (0-12)	cation (a complated) College (1-4or 5+)	(Giva k lifa. D	ant's Usual Oc ind of work do O NOT usa re nemaken	na during most of wor tired)	king		Business/industry n. Home.	
land	fental Pro- ferral Pro- feed other fic event,	To Be 6	17. Fethar's Nama (First, Middla, Last) Joseph Boles				18. Mother's Nar	ne (First, Middle, Vaunna		na)	
Mary	nd 2 shouth and N 27 is mar r traumat	-	19a. Informant's Name/Relationship (7) Lisa Simmons/Daug				aat and Number or Au Drive Co				
Baltimore,	Pages 1 a nent of Hea ant: If Bern ury or othe		20a. Method of Disposition 1 □ Buriel 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)	Computal from State	lace of Dispos amatary, crami	atory or other	place) Le Corp.4/	Data 10/97			9. Birthpleca (Stata or Foreign Country) Maryland 10d. Inside City Limits 1
Balt	Depart Import any Inj shot		21. Signatury of Junaral Sarvice Licens	$\gamma()$	Di	uda=Ruc	drass of Facility	Home of	Dundal	k, In	
	Pnysician		23a. Part Enter the dease, chcompleshook, or hear failure. Let only o	lications that causad tha daatl na causa on each lina.	n. Do not anta	722 W.S r tha moda of i	dying, such es cardiad	or raspiratory e	Marykan rest,	a 21	Approximata Intarval Batween
1	/Medical Examiner		Immediata Cause (Final disease or condition rasulting In death)	a. INTRAC	ERE r as a consequ		- HEN	ORRH	MGE		9 HRS
	ecuted and -transit	Examiner	Sequentially list conditions,	b. Due to (o	r as a consequ	ence of):					
68760,	death certificate be executed estending physician and of for use as the buriel-trensit	Medical E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Disaese or Injury that initieted avents resulting in death) Last	cDua to (or	es a consequance of);						
Вох 6	eath certific ettending pl for use es t		C.	d,							
s, P.O.	that the ed by th detache	by Physician/	Part II. Other algnificant conditions con HYPERTEN	_	ulting in the und	darlying cause	given in Part I.	23b. Dld 1	1/		
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Vital R	The ete h page	е Сош	25. Was casa refarred to medical					101	7	1□	Yas 2□ No
Z.	Physician: this certific rai director,	0 8	examinar?	Hospital:	ER/Outpetient	3□ DOA	26. Pleca of Das Other: 4 ☐ Nursing H	th (Check only of ome 5 ☐ Resident		ar (Specify	()
ion of	After fune	ation: T	27. Mannar of Death 1. Natural 5 Panding 2 Accidant invastigation	28a. Date of Injury (Month, Dey Yaar)	28b. Time of Injury	28c. Ir	njury et Vork? □ Yas 2 □ No	28d. Describe h			
Division	Dirtie	Certification:	3 Suicida 6 Could not be detarmined	28e. Place of Injury - At he building, atc. (Specify	oma, farm, stree	et, factory, offic	се	28f. Location (5 City or Tox		er or Rural	Route Number,
	Hos 24 h Fun tely	edicai (29a. Cartifier (Check only one) 1 Certifying Physical Examination (Check only one) 2 Medical Examination (Check only one)	sician: To the best of my knowner: On the basis of axaminat and mannar stated.	wledge, daath o lon and/or inva	occurred at the astigetion, in m	tima, data and placa y oplnion, death occu	, and due to the cred at the tima,	ceuse(s) end ma data and place,	annar as ste end dua to	eted. tha cause(s)
	the the	Σ	29h Signature and title of cartifier			20c Line	ance number	T	20d Date sinns	d /Adamsh /	Date Magal

29b. Signature end titla of cartifier

29c. Licansa number 29d. Data signed (Month, Day, Year) D 47484 97

30. Nama end addrass of person who completed cause of death (Itam 23a) (Type, Print)

M.D. SHEPARD 900 CATON AVE BAUTIMORE MD ERIC ST. AGNES HOSPITAL 31. Date filad (Month, Day, Yaar) APR 1 4 1997

State Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 | 109 |

					Certi	ficate of	Death		Reg. No.			
Physician		1. Decedent's Neme (First, Middle, Last)						2. Deta of I		. Year_	3. Time of I	
/Medical	ı b	WILLIAM 4e. Facility Neme (If not institution, give s	A .	LE	E		4b City Town	APRIL or Location of De	Day 07	1997	12:	15 p
Examiner		THE JOHNS HOPK		TAL				ORE CIT		y of Deeth NA		
uneral lirector		5. Sociel Security Number 6. Sex 216-54-6975 XY		a (In yrs. last birt 15		If Under 1 Yaar Months Days		in. (Month,	Birth Day, Year) 29-51		eca (Stata or 'ry) 1D •	Foreign
Mow Ist		10e. Slate 10b. County		10c. City, Town						10	d. Inside City	y Limits
sa-f s offined		MD. Na		Bal	time						1 X Yes	2 No
		10e Street end Number 307 Dolphin St	reet Ar	t 4C		10f. Zip Code 2121	7		10g. Citizen of		ry?	
			2. Was Decedent Armed Forces? 1 Yas 22 1 Yes, Give Year or Dates:	Ever In U,S.			Hispenic Origin? pen, Mexicen, Pu	(Specify Yes or I erto Rican, atc.)	USA No- 14. Re Blo Speci	ce - Amarica eck, White, e		
Ical E		15. Decedent's Educ	cation	16a.	Deceden	it's Usuel Occu	petion		16b. Kind of I			
nt, the Medical Completed	- Indiana	(Specify only highest grade	College (1-4or 5 Na	1+)	life. DO		petion during most of v ed)	orking	Carr	Lowe	ery G	lass
wife even	1	17. Falhar's Neme (First, Middla, Last) Joseph A. Le					Mary			riggs		1217
traum		19e. Informant's Neme/Reletionship (Type Mary Lee	oe, Print)						nber, City or Town 7e Apt.			alto
atte	2	20e. Method of Disposition		20b Plece of	Dispositi			Date	20c. Location			.1 -
ortant: If injury or		1 Burial 2 □ Crametion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	emovel from Stale				etery (4-11-9	7 Bal	timor	e, Mo	. E
mport my inj ncs.	3	21. Signature of Funeral Service License	.20		22. N	eme end Addre	ess of Facility	Baltin	nore, M	aryla	ind	
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sician		23a. Pert1. Enter the disaasa, or complic shock, or heert feilure. List only on	a causa on aech lir	16.	ot enter t	me mode or dy	ng, such es cera	ac or respiretory	arrast,	- 1	Approximate Intervel Betwood Onset and De	eath
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iel-transit Examiner		6 .		liver	· ta	ilure					3 week	5
		Sequentially list conditions, if any, leeding to Immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death). Leel		Due to (or as a co			ection				4 day	
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igned by the ettend be detected for us by Physician/									Yes 25 No		ably 4□U	
should should		Cytomega.	cal menin	rgi tis					as an eutopsy formed?	eva	ra eutopsy fin ilabia prior to apletion of car aeth?	
pege 2								10	Yas 2 No		Yas 200	No
Be Be	2	25. Wes cese rafarred to medical examiner?	nanitali X C					eeth (Check only	ona)			
rel dire		1 Yes 2 No	28a. Date of Injur			SLI DOA		7	sidence 6 Ot)	
atlor		1 Natural 5 Pending invastigation	(Month, Day		jury	M 1	rk?]Yes 2 □ No	200. 5400115	o now injury cood			
ed in by the funer Certification:		3 Suicida 6 Could not ba 4 Homicide detarminad	28e. Pleca of Injubuilding, ato		m, siraal,	, factory, office			(Street and Num own, State)	ber or Rural	Route Numb	90r,
To the Funeral Director: After the completely filled in by the funeral Medical Certification:		29a. Cartifier (Check only one) 1 Certifying Phyel	clen: To the best of ar: On the basis of end manner sta	examination end	deeth oc	currad at tha ti tigation, in my o	me, date end pla opinion, daath oc	place, and due to the ceuse(s) end menner es steted. occurred et tha tima, data and place, end due to the cause(eted. the cause(s)	
Me Me		29b. Signature and little of certifier	140,000	N/ D: 57.		29c. Licens		ED.	29d. Date sign			
completely filled		Kondon Leung	MEDIO	10 DOCTOR		1	ES-000		April	+.19	77	

State Registrar



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		Y				Ce	rtificate	e of	Death			Reg. No.		
Physic	ian	Decedent's Neme (First, Midd	fia, Last)								2. Dete of D Month	eath Day	Year	3. Time of Death
/Medi		Mary Angelina									April		7	9:56 AM
Exami	ner	4a. Facility Name (If not institution						1	4b. City, To	own, or L	ocation of Dee	th 4c. Co	unty of Dea	th
		Franklin Woods	s Nursing	Cente	er			1	Rossv	ille		Bal	timor	e
Funeral		5. Sociel Security Number	6. Sax		yrs. last bi	rthday)	If Undar	1 Yaar Deys	If Undar Hours	24 Hrs. Min.	8. Date of Bi	ite of Birth onth, Day, Year)		thplaca (Stete or Foreign
Director	П	213-09-5599	1□M 2√ F	83		Yrs.	Monard	Dojo	1,00,0	200	Nov. 25			yland
P.		Usuel Residence of Decedent												
should be filed within 72 hours aftar death with the Maryland not Mental Hygiens. I marked other than "natural", or items 23s or 28s-f show urnsite event, its Moores Examiner must be notified at	_	10e. State 10b. Count	y	10	c. City, Tow	m or Lo	ocation							10d. Inside City Limits
Wa Ta	Ş	Maryland Balt:	imore		Midd	lle	River						1 □ Yes 2 No	
r 28	Directo	10e. Street and Number					10f. Zip	Code				10g. Citizer	of Whet Co	ountry?
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permit. Page Dapartmant of Important: If any injury or once.		21. Signature of Funeral Service		0		25	2. Name and	Addro	see of Eacili	ine			•	
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To the Hospital or Attendin within 24 hours aftardgath To the Funeral Directors complataly filled in by the funeral

28a. Date of Injury (Month, Day Year) 28b. Time of Injury 27. Manner of Death 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner es steted.

2 Medical Examtner: On the basis of examination end/or investigation, in my opinion, death occurred at the tima, date and place, and due to the ceuse(s) end manner steted.

29b. Signature end title of certifier

29c. Licanse number 29d. Date signed (Month, Day, Year)

M. Unni.

(ATTENDING)

D 51090

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

FRANKLIN WOODS, FRANKLIN & DR. BALTIMORE, MD 21237 M UNNI, M->
31. Date fliad (Month, Day, Year)
APR 14 1997

State Registrar

Medical Certification:

32 Registrer's Signature

OHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	9	H
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	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MANK April KOBERT 7.02 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 1 🔀 M 2 🗌 F 69 YRS. 216 22 2834 April 19,1927 Maryland permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Convalescent Center Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Eldersburg 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21784 M-transit 6108 Rolling View Drive U.S.A. MCIan. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. TIMORE, MARYLAND 21213-0020 If yes, specify Cuban, Maxican, Puarto Rican. etc.) 1 Never Married 2 Married 1 YES 2 NO Specify BY Specify. 3 🔀 Widowed 4 🗌 Divorced 學事 White World War FEED th. Page 6 may be retained by the hopping personal director, page 5 should be deturned to 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Mechanic U.S. Government years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George H. Mank Ħ Belle Will BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6108 Rolling View Drive Susan Gannon daughter Eldersburg, Md. 21784 pe 20e. METHOD OF DISPOSITION
1 Straight Street Burner | 1 Straight Street | 1 Street Burner | 1 Street 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify) must Glen Haven Mem. Park 4/12 Glen Burnie, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. Tichard 60 Nav 4001 Ritchie Hwy. Baltimore, Md. 21225 or removal 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Approximata** shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finei Onset and Death the cremation, disease or condition reaulting in death) cardiovascular disease joyears. event, DUE TO (OR AS A CONSEQUENCE OF) prior to burial, Arthroscles traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINOINGS of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? distructive lun shows any dispase. 1 YES 2 NO thousa sepression i Caroliac arry 1 TES 2 THO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN I Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State [EXAMINER? HOSPITAL OTHER 4 ■ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 YES 2 THO 1 Inpatient 2 ER/Outpetient 3 DOA 0 the state 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28 is marked, with 1 Notural 5 Pending 1 YES 2 NO ВУ death 2 Accident 28a. PLACE OF INJURY — At homa, farm, street, factory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be hours after 4 Homicide determined ltem. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as steted. COMPL TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER PAPTIL II H 1997

April II H 1997 29c. LICENSE NUMBER BE MD D4497 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAWHNEY MD. 325 HOSPITAL DRIVE 202, GLENBURNIE, MD-21061. GURMEET 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

cha Davidson Randell

APR 14 1997

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 4-45 pm MFEK ROBERT 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death BURNIE ARUNDE ARUNDEL NORTH HOSPITAL GLEN ANNE If Undar 1 Year | if Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Hours 1 M 2 □ F 214 18 7230 73 Nov. 14, 1923 Maryland Usual Rasidance of Decedan 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☒ No Maryland Anne Arundel Pasadena 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? 1291 Montclair Drive 21122 U.S. Was Decedent Ever In U,S. Armad Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - American Indian, Bleck, Whita, atc. 11. Marital Status 1 X Yes 2 No If Yas, Giva Year or Datas: W•W• II 1 Never Married 2 X Married 1 ☐ Yas 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Police Dept. Elementary/Secondary (0-12) Collaga (1-4or 5+) Baltimore City Policeman 8th 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Ida Garrett William G. Meek 19a. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Pasadena, Maryland 21122 1291 Montclair Drive Charlotte Meek wife 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cremation 3 Ramoval from State 4/16/97 Crownsville, Maryland 4 □ Donation 5 □ Other (Specify) Md. State Veteran Cem. 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Entar tha diseas or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, ist only one cause on each line. Approximete Intarval Batween Onset and Death INFARCTION MASSIVE INFEROLATERAL MYOCARDIAL Immediata Causa (Final DAYS diseesa or condition rasulting in death) CARDIOGENT SHOCK Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last BLEEDS INTRACEREBRAL Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributs to the cause of death? 3 Probably 4 Unknown 1 Yss 2 No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 🗆 Yas Yas 2 No 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 1 Yes 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyginimortamt: If them 27 is marked other any injury or other traumers.

Baltimore, Maryland

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Division of Vital Records, P.O. Box 68760,

Medical To the Hosp within 24 hor To the Fune completaly fi

State Registrar

Certification:

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29c. Licanse number

28c. injury at Work?

Certifying Physician: To the best of my knowledga, death occurred at tha tima, date and place, and dua to the cause(s) and manner as atlated.

| Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how Injury occurred

1 ☐ Yas 2 ☐ No

APRIL 12TH 1997

ress of person who complated causa of daath (Itam 23a) (Type, Print)

NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIEN BURNIE MD 21061

31. Data filed (Month, Day, Year)

29b. Signature and titia of certifiar

27. Mannar of Death

Natural

2 Accident

4 Homicide

3 Suicida

29a. Cartifier

Registrar's Signature ula Savidson-Randall

28b. Tima of

28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

State of Maryland / Department of Health and Mental Hygiene

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Charles Foundation Charles Albert Marvel JR Charles						Certifica	ite of D	eath	F	eg. No.)	1 1	090
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SO 4. Longpoint Road 5. Social Sealthy humber 6. Sac Part P	/Medic	al				MARV	EL, JR	City, Town, o	April	9, 1997		9:0	5 AM
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Charles Albert Marvel, Sr. Freda Forester 198. Informant's Name/Ralacionship (Type, Print) 199. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) 200. Method of Disposition 200. Method of Disposition 200. Place of Disposition (Number of City or Town, State, Zip Code) 200. Method of Disposition 21. Signature of Furnaria Service Library 22. Name and Addrass of Feeling 23. Signature of Furnaria Service Library 23. Name and Addrass of Feeling 24. Name and Addrass of Feeling 25. Name and Addrass of Feeling 26. Name and Addrass of Feeling 27. Name and Addrass of Feeling 28. Place of Disposition Held caused the death. Do not enter the mode of dying, such as bardiac or respiratory arrived. 28. Place of Disposition in the Caused and State. 29. Due to (or as a consequence of): 29. Due	other smt, 1		17. Fethar's Nema (First, Middle, Last)	2 yrs		торгтего						leatI	. Ig
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2	er this		27. Menner of Death	28a. Data of Injury	28b	Tima of	JOA	4 LI Nursing				y)	
29a. Certifier (Check only) 29a. Certifier (Check only) 29 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as steted.	Director: Ah	ertificatio	2 Accidant Investigation 3 Suicide 6 Could not be	28a. Place of Injury	At homa,	М	1 ☐ Ya		28f. Location (S City or Tow	treet and Numb n, Stata)	per or Rura	l Routa Ni	ımber,
29b. Signature/and titla of certifiar White 29c. License number 29d. Deta signed (Month, Day, Year) 041097	Punito	edicai C	Check only 2 Medical Exam	fner: On the basis of axe	knowledg	ga, daeth occurre nd/or Invastigatio	d at tha tima, on, in my opin	data and pla lon, daath oc	ce, and dua to tha c curred at tha tima, d	ausa(s) and me ata and place,	enner as st and dua to	teted.	1(s)
	Toth	Me	29b. Signature and titla of certifiar	Whenen	162	MY)	9c. License n	umber 76	97	9d. Deta signe	d (Month,	Day, Year,	ř

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Dev Month Yaer **Physician** Miller Connie 1997 15:10 April /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straet and number) 4c. County of Deeth Examiner Baltmore VA Medical Center Baltmore City If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. Birthplace (Stata or Foreign Country) 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** Months 1√2 M 2□ F 216-16-2435 Director 03-05-25 Md Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryla MD. NA Baltimore MTYAS 2 No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? ò 21218 2022 Robb Street USA Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedant Evar in U,S. Armed Forces? 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 XYes 2 □ No If Yes, Give Yaar or Detes: 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Bethlehem Steel Corp. 12th Grade Sparrows_Point 17. Fathar's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Melden Sumame) Pages 1 and 2 should be fill ment of Health and Mental H ant; If hem 27 is marked off Be Robert Miller Ruth Hairston 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Miller Cotelia 2022 Robb Street Baltimore, Maryland 21218 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Department of Important: If Is any injury or o ance. 1 Buriel 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) Garrison Forest Va Cem 04-11-97 Owings Mills 21. Signature of Funeral Service Light 22. Name end Address of Fecility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 21202 for the diffease, or complications that deuted the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Intervel Between Onsat and Deeth **Physician** immediate Cause (Final disaesa or condition resulting in death) /Medical Anoxic Brain Injury
Due to (or es a consequence of): Examiner Ventricular Fibrillation

Due to (or as a consequence of): Physician/Medical Examiner for Attending Physician: The law requires that the death certificate be executed after death.

Director, Afferthis certificate has been signed by the attending physician and in by the funeati director, page 2 should be detached for use as the burlai-transit d in by the funeati director, page 2 should be detached for use as the burlai-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause 24a. Wes en eutopsy performed? 201 No 1 Yas 2 No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitei: Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accidant the Funeral Director of the Fu 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours a Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signature and title of opptifier MD P10208 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Singer S. Greene St Boltmore MD 21201 22 MED 31 Dete filad (Month, Dey, Yeer) 32 Registrar's Signature State

Julia Devidson-Randell

DHMH 16 Rav 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 97

97 1109

	Items10c	,16	a 4-14-97 FilmG746 W.H.	Per F/H		Certifica	te of	Death		Reg. No.	1	11091
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	Exami		4e. Facility Neme (If not institution, give	street and number)				b. City, Town, or L				
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	Funeral Director			ax □ M 2☐ F	e (In yrs. last bi	Yrs. If Under	Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De 4-25	th ly, Year) -1964	9. Birthp Coun	plece (Stete or Foreign ntry) Md
Т	pu a		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	m or Location					1.	0d. Inside City Limits
	e Maryle	ctor	Md N/A		Belvi		Balti	more			1	1 Yes 2 No
	h with th	Funeral Director	10a. Street and Number 4622 Belvieu A	venue		10f. Z	p Code	1207		10g. Citizen of W		itry?
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Ō	2 ho	P	15. Decedent's Edi	cetion	16e	. Decedent's Usi				16b. Kind of Bu	siness/inc	dustry
215	C 4	Completed	(Specify only highest gred Elementery/Secondery (0-12)	de completed) College (1-4or 5	5+)	life. DO NOT	ork done o use retired	during most of work t) Clerica	-			
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<u> a</u>	Mental Mental arked o	To	Nathaniel McN	eil, Sr				Chris	tine F	ord		
Maryland	d 2 should th and Men 7 is marke traumatic		19e. Informant's Name/Reletionship (T					end Number or Ru				
	C TO L		Christine McN	eil- Mot	her 4	1622 Be	lvi	eu Aven	ue Bal	timore,	Md	21207
Baltimore,	oth oth		20a. Method of Disposition		20b. Piece o	f Disposition (Nerry, cremetory or	me of	ce)	Dete	20c. Location -	City or To	wn, State
Ē			USurial 2 ☐ Cremation 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify,	Removal from Stete		imore			4-12-97	Baltim	nore	, Md
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	Physician		Pert1. Enter the disease, or comp shock, or heert feilure. List only o	iications that caused ne ceuse on eech lin	I the death. Do	4300		bash Av		Baltim rrest,	ore	Md 2121 Approximate Interval Between Onset and Deeth
4	/Medical Examiner		Immediete Ceuse (Final disease or condition resulting in deeth)	. TERM				ASE			C	NKNOWN
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	d ansit	Examiner		b. MAI	D 42 /22 22 2	consequence of					1	.1
ć	n an iel-tra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			^					1	1/
68760,	icate be executed physician and s the buriel-transit		Ceuse (Diseese or injury thet initieted events	o. WAST		SYNDR						
	E 0 0	Physician/Medical	resulting in death) Lest	d	Due to (or as e	consequence of)						
Box	eath cer ettendin I for use	ciar									İ	
o.	be dr	ysi	Pert ff. Other significent conditions con	ntributing to death bu	ut not resulting i	n the underlying	cause giv	en in Pert I.	23b. Dfd	tobacco use con	tribute to	the couse of death?
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>		o Be	examiner?	Hospitel:	0 C ED/O		Oth	er: Place of Deel			(01	
on or	ding h. After fune	tion: To	27. Menner of Death 1 DNaturel 5 Pending	28e. Dete of Injur (Month, De)			28c. Injun Worl			dence 6 Other		0
Division	o Attending uttor death. Director: After on by the fune	ertification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc	ury - At home, fa c. (Specify)				28f. Location (City or To	Street end Number wn, Stete)	er or Rure	l Route Number,
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	医型侧	Me	29b. Signeture end title of certifier	/	2 .	29	c. License	e number	- Т	29d. Date signed	(Month.	Dey, Year)
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F			wanter fin	" Cere	1	- JMI)	24	7717		TI	117	
	3	,-	30. Name and address of person who co				char	CT O	h —			2-1
		. 1	31. Dete filed (Month, Dey, Yeer)		er's Signeture	CATH	DKH	LST, Br	TLIMORI	E, MU	121	701
	Sta Registr		MDD 4 4	di Ma		Panels DR						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Month e 6 10 P.M Moody /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Northern Balto If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 9. Birthplaca (State or Foreign Country) 8. Sax 7. Aga (In yrs. last birthday) **Funeral** Days 1 M 2 F 21418 543 5.C. Yrs Director 20/ Usual Rasidance of Decedant 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Director Balto Hems 23a or 28a-f. Der must be notifier Md. 10f. Zip Coda 10g. Citizan of What Country? U.S.A 2401 Funeral 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 M No If Yas, Giva Yaar or Datas: Specify: Black 1 ☐ Yas 2 € No by 3 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) grat-Collega (1-4or 5+) Food Pulerman 8 permit Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marterial Hy any Injury or Baltimore, Maryland 18. Mothar's Nema (First, Middle, Maiden Sumame) 17. Fathar's Nama (First, Middle, Last) Be 5mith JAMes 0 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) PKwy Balte- Mx 2401 E. Northern MYErs ELLH MAE 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarai Sarvice Licensaa 23a. P. nt. Entar the risease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirators of the contract the mode of dying, such as cardiac or respirators. **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in deeth) Examiner Dua to (or as a consequanca of) sician end buriel-transit Sequantially list conditions, if eny, laading to immadiata cause. Entar Underlying Cause (Disease or injury thet initiated avants rasulting in daath) Last Dua to (or as a consequence of) ettending physician for use as the buriel P.O. Box 68760. Physician/Medical Dua to (or as a consequanca of): signed by the et Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed 24a. Was an autopsy performed? 1 Yas 2 12 No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director. 25. Wes case rafarrad to medical axaminer?
1 □ Yas 2 □ No 26. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 4-7-97 27. Manne of Daath 28b. Tima of Medical Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 6 Could not be detarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide Certifying Phyaician: To tha best of my knowledga, daath occurred et tha tima, data and placa, and due to tha ceusa(s) and mannar as stated.

2 Medical Exeminar: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and placa, end dua to the causa(s) and mannar stated. 29a. Cartifian

29c. Licansa number

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7505 OSLER DRIVE

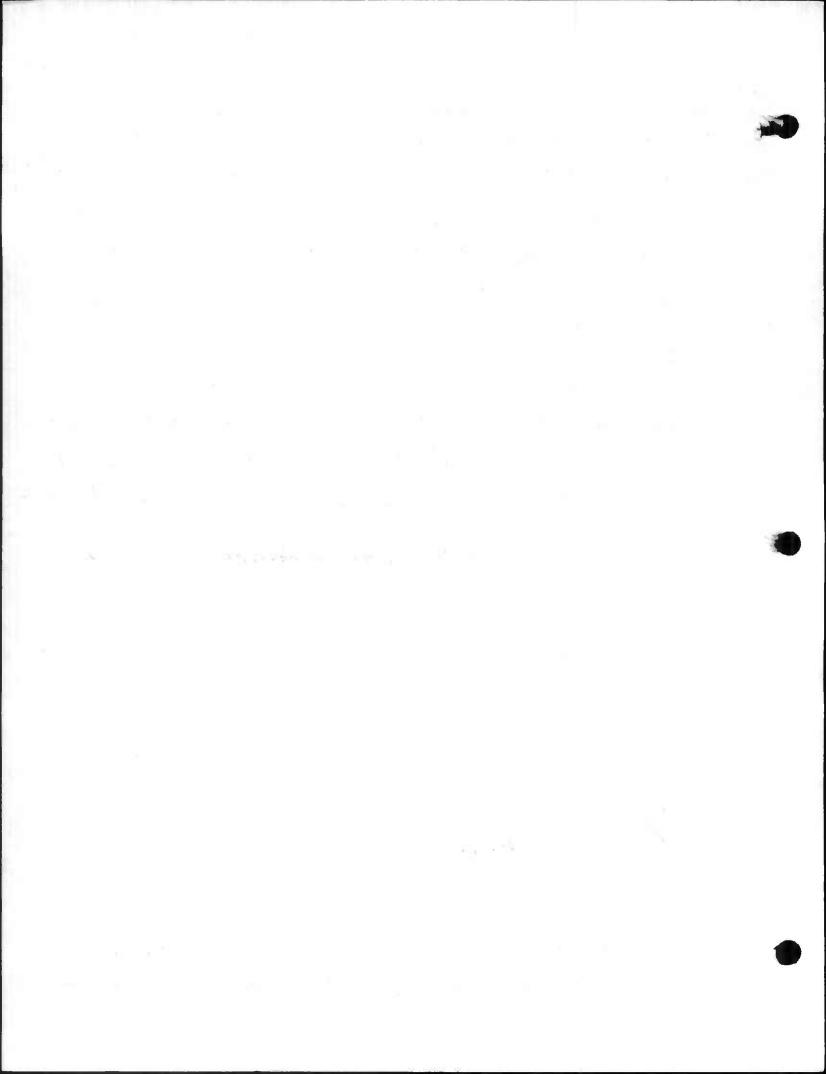
29d. Data signed (Month, Day, Year)

State Registrar

ARMODY 31. Data filed (Month, Day, Year) Ragistrar's Signatura

(tem 23a) (Type, Print)

29b. Signature and titla of cartifiar



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	/Medi Exami		4a. Facility Nama (If not institution	, giva street and num		1110	- 3	- 1	4b. City, Town, or L	ocation of Deet	h 4c. Count		
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	the Meryland 28a-f show notified at	tor	Usual Residence of Dacedant 10a. Stata 10b. County	7		y, Town or Lo						10	Od. Inside City Limits
	or 28s	Director	10e. Street and Number				10f. Zip	Coda			10g. Citizan of	What Coun	try?
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50	urs efter death with ai', or items 23a or Exerciter must be	/ Funeral	11. Marital Status 1 Navar Marriad 2 Marri	12. Was Deced	cas?			dant of H cify Cubs	lispanic Origin? (Span, Maxicen, Puerto	ecify Yas or No Rican, etc.)	Special	ce - Amarica ck, White, e	etc.
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/lar		JAMES LO	MUX					Doro	Thy 1	3row	N		
Maryland 21215-0020	d 2 should th end Mer 7 is marke traumatic		19a. Informant's Name/Ralationsh				_		and Number or Rur				
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Baltimore,	Pages ent of nt: If it ry or o		20a. Mathod of Disposition 1 Burial 2 Cramation 4 Donation 5 Other		itate 306. P	cematary, crer	natory or o	other plea	t VIET	Data	Olain 9		
Balt	Departm Departm Importa any inju		21. Signature of Funeral Service L	mile	ler	22	Nama er	Addra	ss of Facility 3 re 4 d WA	Y BAL	to. md	2121	3 .
F	Physician		23a. Part1 Enter # Steams, or shoot, or heart failure. List of	complications that ca only ona causa on aa	used the daatl ch lina.	h. Do not ant	ar the mod	a of dyir	ng, such es cerdiac	or respiretory e	prrest,		Approximeta Intarval Batween Onsat and Death
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D. Box			Pert II. Other elgnificant condition	ns contributing to dea	ath but not rase	ulting in tha u	ndarlying o	eusa giv	an in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death?
s, P.O	requires that the	by Phy								10	Yee 2□ No	3 Prob	ably ************************************
Records,	¥ 0 0 0	Completed t									an autopsy ormad?	ava	ra autopsy findings illabla prior to nplation of ceuse laath?
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cate has been ; page 2 should Division of Vital Recor To the Hospital or Attending Physician: The lew within 24 bours effect death.

To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 completely filled in by the funeral director, page 2

27. Mannar of Daath 1 Natural 2 Accidant 3 Sulcide 4 Homicida

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Medical Certification:

25. Was cesa rafarrad to medicel axaminer? 1X Yas 2□ No

5 Panding Invastigation

6)(C) Could not be datarmined

Hospital: 1 X Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 4/6/97

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) at residence

28c. Injury at Work? 1 ☐ Yes 2/12 No

26. Placa of Daath (Check only ona)

Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 28d. Dascribe how injury occurred Unknown

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 1823 Park Ave. Baltimore, Md. 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

**Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number O.C.M.E. 29d. Data signed (Month, Day, Year) APRIL 11, 1997

30. Nama and addrass of person who completed cause of death (Itam 23e) (Type, Print) Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

31. Data filad (Month, Day, Year)

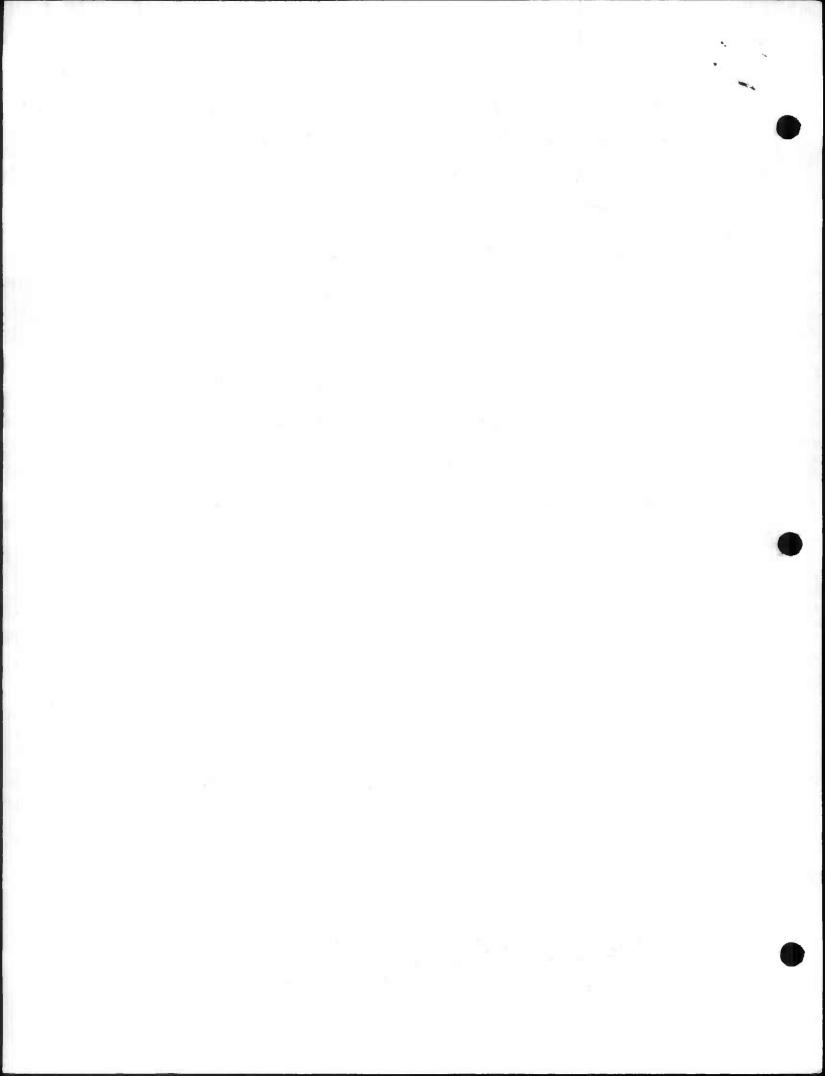
32 Registrar's Signatura
Junia Davidson-Randalle

State Registrar

97-1595-510 B.K. SItems: 23 part I,27,28a-f per MEO G-748 6/19/9 dh State of Maryland / Department of Health and Mental Hygiene Item10c 4-14-97 FilmG746 W.H.Per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Bey **Physician** APRIL MONEE 1999 NICHOLSON 0755 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner UNIVERSITY HOSPITAL E.R. BALTIMORE NA 5. Sociel Security Number 7. Age (In yrs. lest birthdey) If Under 1 Yeer if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Deys Months 1 M 2 9 F Hours 215-49-7279 Yrs Director Marylano Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 Yes 2 No 1626 Baltimore Marylanus 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? W. LABAYETTE AVE 1626 21217 USB Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien. Bleck, White, etc. 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: þ f Yes, Give Yeer or Detes Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 1 end 2 should be filed within. Health and Mantel Hygiena. em 27 is marked other than "r Elementary/Secondery (0-12) College (1-4or 5+) NA Infant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Symeme) McKeithon LASHAE SEAN NICHOLSON 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a :: If item 27 is 1 Mother 1626 W. Lafay Ette the Boltenia, Ad 21217 LAShaE MCKEItter 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Pages 1 1 ☐ Surial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Boltinon YOU CENETRY 21. Signeture of Funeral Servica Micenses 22. Name end Address of Facility AAThAN - Homs & Boltinery, my Diais 23a. Pertf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) CARDIAC ARRHYTHMIA Examiner Due to (or es e consequence of): Examiner The law requires thet the death certificate be executed bunal-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest end Due to (or es e consequence of) P.O. Box 68760, Physician/Medical the Due to (or es e consequence of). attending for use es Pert II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. been signed by the should be detached 23b. Did tobecco use contribute to the cause of death? 4 Unknown 1 ☐ Yes 2 ☐ No 3 ☐ Probably Records, 9 Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? page 2 2□ No Division of Vital Hospital or Attending Physician: director, Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpetient XXER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XXYes 2 No this funerel 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? After found 6:45M 1 Netural 5 Pending Investigation death. found 4/6/97 1 ☐ Yes 2 XXVo unknown ours eftar death erai Director: A filled in by the f 2 Accident 6 XX could not be 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide unknown found: 1626 W. Lafayette Ave. 24 hours 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

XIX Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. edicai within 24 hou To the Funer completely fil 29a. Certifier (Check only one) To the 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E APRIL 7, 1997 30. Name and address of person who completed cause of death litem 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 THEUDURE Mike 31. Dete filed (Month, Day, Year) APR 14 1997 . Registrer's Signeture State Davidson-Randelle Registrar

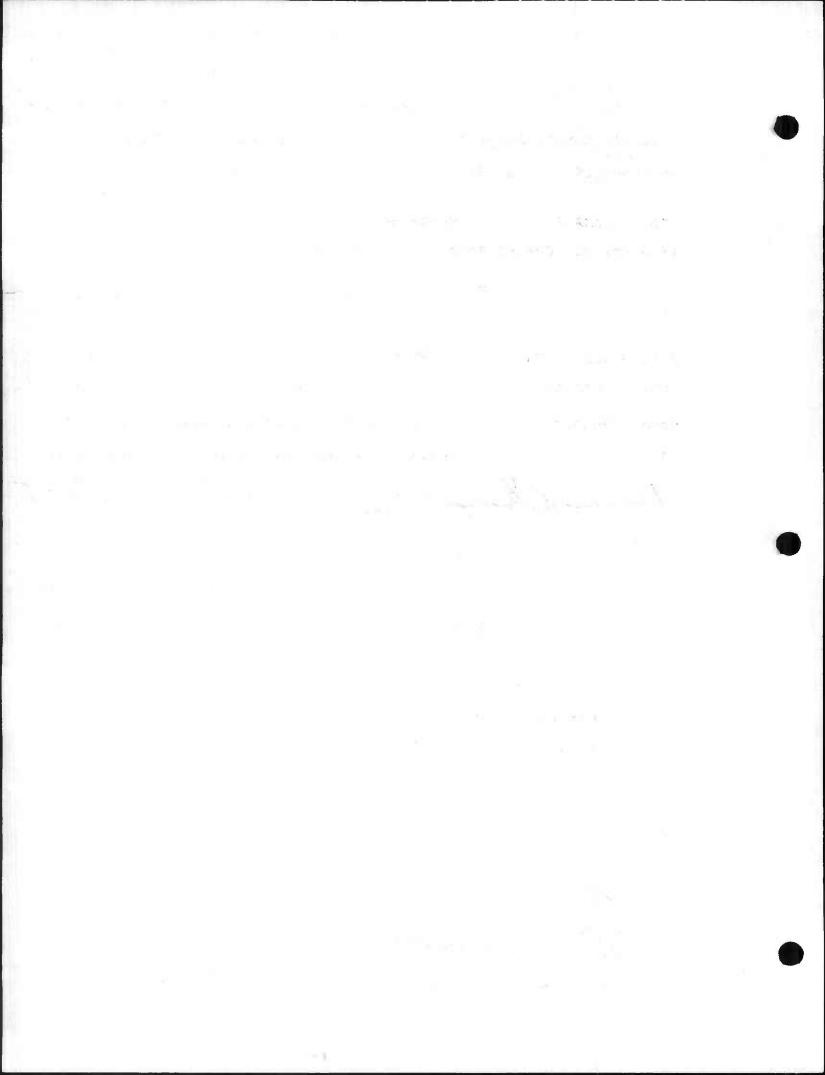


State of Maryland / Department of Health and Mental Hygiene

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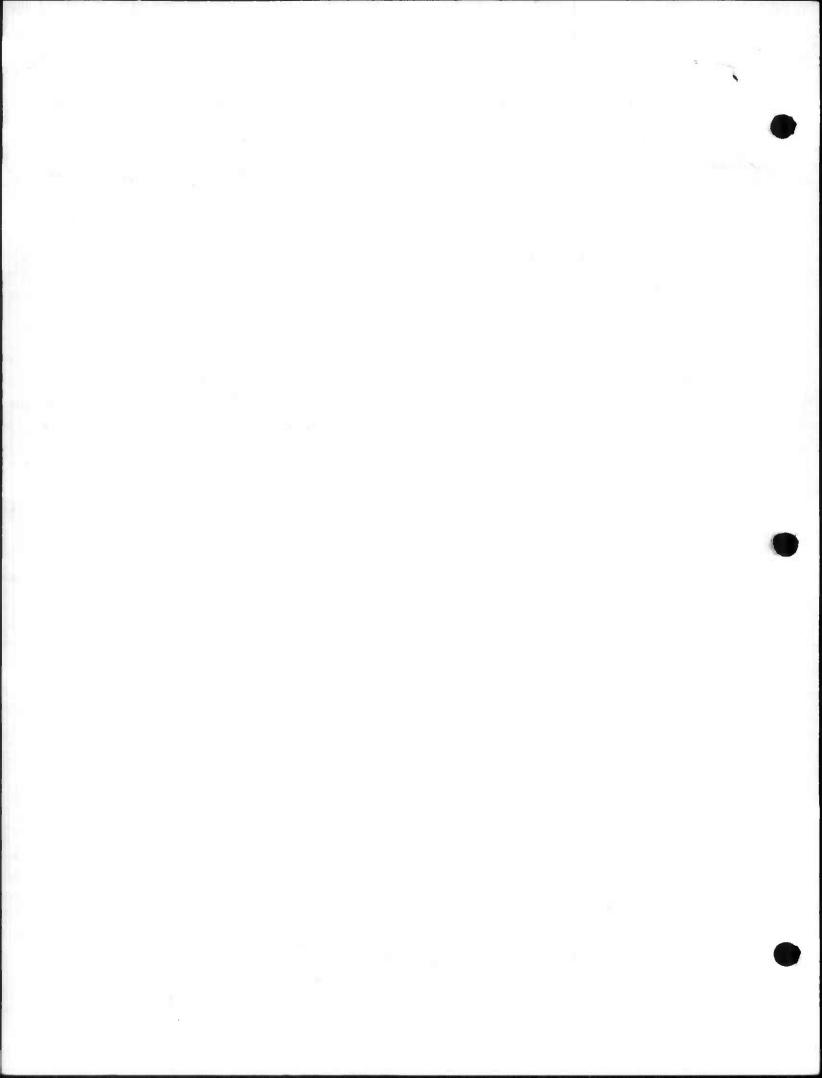
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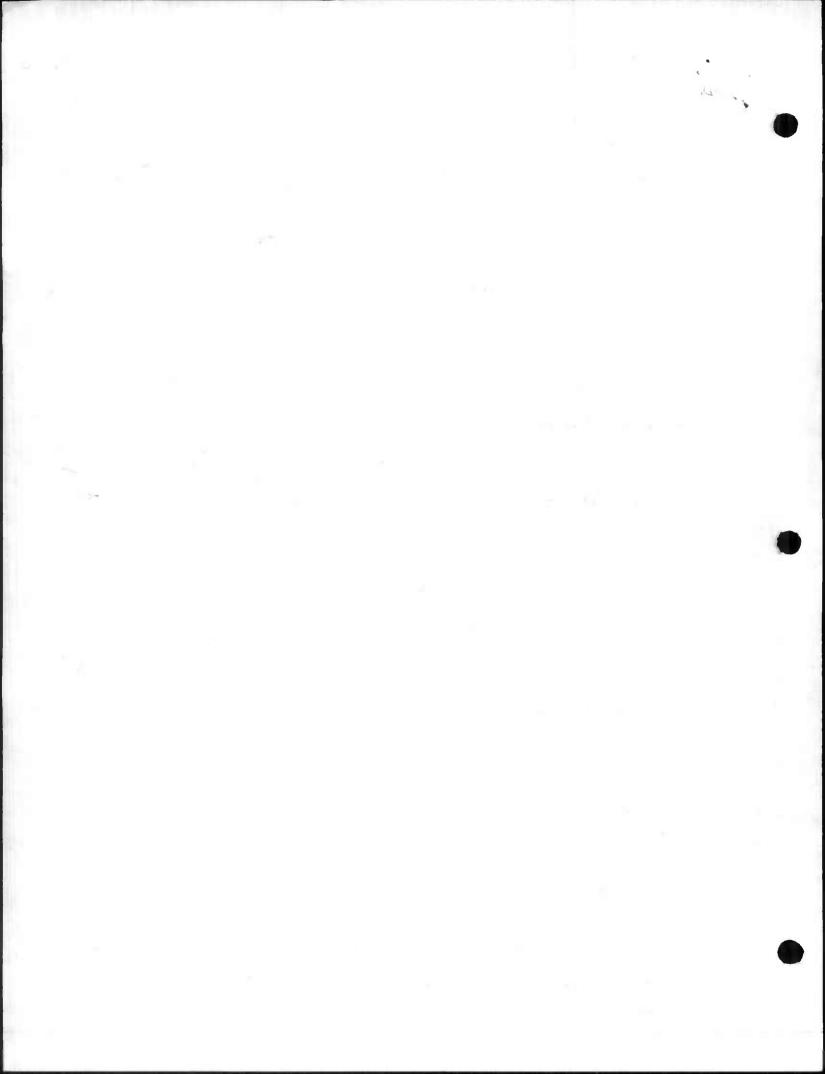


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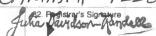
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 2.45 PN /Medical 4a. Fecility Neme (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Villa St. Michaels N/A Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (in yrs. last birthdey) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Deys 1 M 20 F Yrs. 212-01-2255 Director 91 July 12,1905 Latvia Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show a notified at Maryland N/A Baltimore TX Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? must be n 3300 Benson Avenue Apt. 222 21227 United States Funeral (herms 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 🕱 No If Yes, Give 1 ☐ Yes 2 ₩ No Specify: þ Specify: White 3 XWidowed 4 ☐ Divorced Yeer or Detes Completed 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore, Maryland 212 Elementary/Secondary (0-12) College (1-4or 5+) 5 tailor men's clothing 17. Fether'e Neme (First, Middle, Last) . Pages 1 and 2 should be fill imenf of Health and Mental Hitant: If Nem 27 is marked oth 18. Mother's Neme (First, Middle, Malden Sumeme) Be 70 Tillie Cooper Charles Cooper 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt: if item 27 is ver off Linda Krouse, granddaughter 5601 Manor Drive Woodbine, Maryland 21797 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Buriel 2 □ Cremetion 3 □ Removel from Stete Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Holy Redeemer Cemetery4/10 Baltimore, Maryland of Fineral Service Licensee 22. Neme end Address of Fecility Ambrose Funeral Home, Inc. Arbutus 21227 1328 Sulphur Spring Road ag au 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** THROMBOSIS Immediete Cause (Finel disease or condition resulting in deeth) TREBRAL /Medical 30 mins Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Undarlying Ceuse (Diseese or Injury thet initiated events resulting In deeth) Last burial-tran Due to (or es e consequence of): Box 68760, physician Physician/Medical the Due to (or es e consequence of): SBS 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 3 Probably 4 to Onknown 1 ☐ Yes 2 ☐ No signed t þ 90 24b. Were eutopsy findings eveileble prior to completion of cause of daath? 24e. Wes en eutopsy performed? Completed been has 2 PNo 1 Yes 2 THE certificate 1 ☐ Yes Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica director, Be 25. Was casa raferred to medical axaminer? 26. Pleca of Daath (Check only one) Hospital: 1□ Yes P☑No Othar: Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient Nursing Home 3 DOA 5 ☐ Residance 6 ☐ Other (Specify) funeral 27. Menner of Death 28d. Describe how Injury occurred 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Panding investigetion Naturel 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be datarmined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Place of injury - At home, ferm, straat, factory, office building, etc. (Specify) filled in by 4 Homicide • Funeral Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the ceuse(s) end mannar es steted.

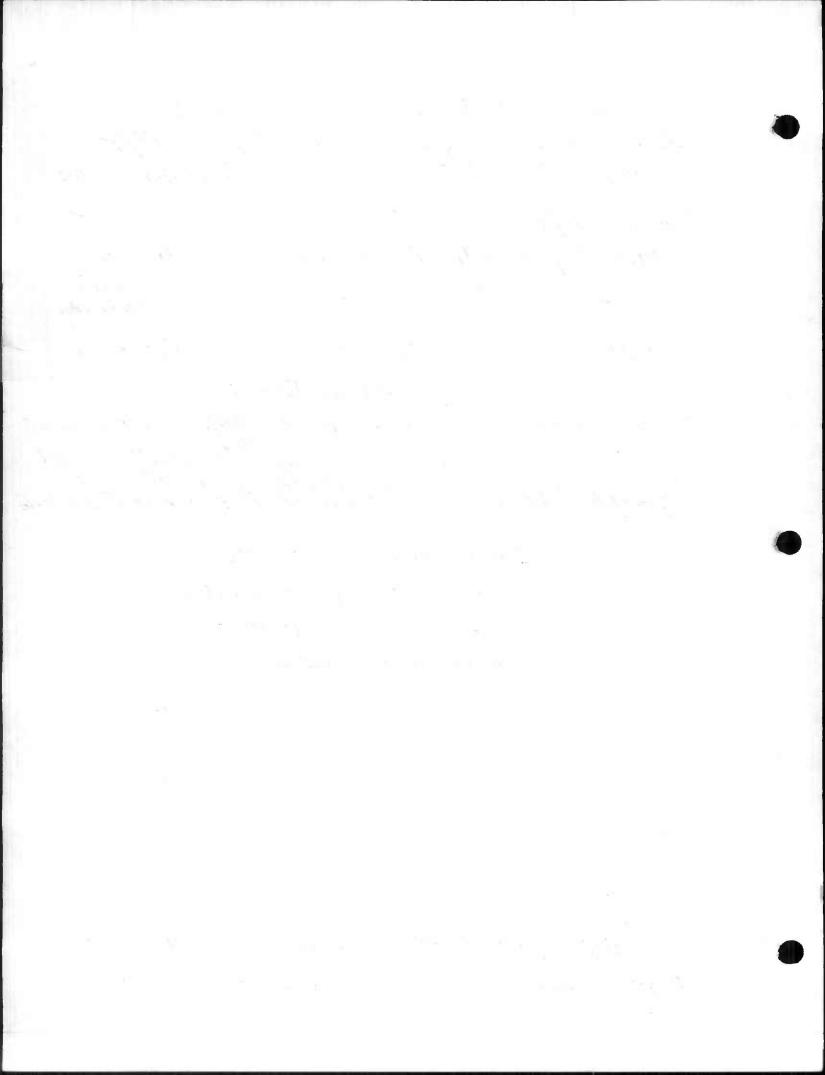
Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to tha cause(s) end menner stated. 29a. Cartifier Medical (Check only one) within 2 To the £ 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 0 ereen PARK HEIGHTS AVE 30. Name end eddrass of person who completed ceusa of daath (Item 23a) (Type, Print) AKHAWI, TASNEEM

State Registrar 31. Dete filed (Month, Day, Yeer) APR 14 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

				Ce	rtificate of	Death		Reg. No.		
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	9	Usual Residence of Decedent					1	1-17/		0
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	1	19e. Informent's Name/Reletionship (7	iype, Print) (Friend)	19b. Maii	ing Address (Street	and Number or Run	al Route Numi	ber, City or Town,	Stele Zip Co	ode)
	7	mrs. Doris Gree		400.	3 Fernt	illAve.	DALI	imore	19nd	,21215
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Frank Paul Sr. 04 3:50pm /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Church Home Hospital Baltimore NA 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 9. Birthplaca (Stata or Foreign Country) Arkansas 7. Aga (In yrs. last birthday) **Funeral** 1₽M 2□ F 432-16-1385 85 Yrs Director Usual Rasidance of Decedent the Maryland r 28a-f show notified at 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits X1 Yas 2 No Director Md. NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1414 North Collington Avenue 21213 USA Completed by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedanf of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black. White, atc. 1 ☐ Yas 24 ☐ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0920 1 ☐ Yas 2 ☐ No Specify: Specify: 3℃ Widowed 4 Divorced Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Hygiane. College (1-4or 5+) 7th Grade S.T.A. Longshoreman 17. Fathar's Name (First, Middia, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be Pages 1 and 2 should be nent of Health and Mental Paul Matrice Unknown Henry 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straet and Numbar or Rural Routa Number, City or Town, Stete, Zip Coda) nt of Health a H Item 27 is or other tra 5541 Whitby Road Baltimore, Md. Andrew Paul 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data MBurial 2 Cremation 3 Removal from State permit. Page Department of Important: If any injury or Baltimore Cemetery 04-12-97 Baltimore, Md. 4 Donation 5-Qthar (Spacify) 22. Nama and Addrass of Facility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue @1202 23a. Part1. Enjar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximata Interval Batwaan Onsat and Death **Physician** /Medical Immedieta Causa (Final disaasa or condition resulting in death) Examiner Dua to (or as e consequence of) Examiner or Attending Physician: The law requires that the deeth certificate be executed buriel-transit Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Causa (Disaase or Injury that initiated avents rasulting In death) Last and Dua to (or as a consequence of) Box 68760, Physician/Medical the Dua to (or as a consequence of): 98 USB signed by the e P.0. Part II. Other significant conditions contributing to death buf not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ρ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy parformed? paga 2 this certificata 1 Yas 1 Yas 2000 25. Was casa referred to medical Be 26. Place of Deeth (Check only ona) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yas 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28a. Data of Injury (Month, Dey Year) funaral 27. Manger of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 1 Datural 5 Panding in 24 hours after death.
the Funeral Director: Aft invastigation 1 TYas 2 No 2 Accident 6 ☐ Could not be detarmined 3 Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida Hospital Tip Certifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.

2 D Medical Examiner: On the best of examination end/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Cartifiar Medical completaly (Check only one) To the Vithin 2

State Registrar 31. Data filed (Month, Day, Year)

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Julia Davidson Randall

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State

Stephen Radentz, M.D.
31. Date filed (Month, Day, Yaar) 32. Registr

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

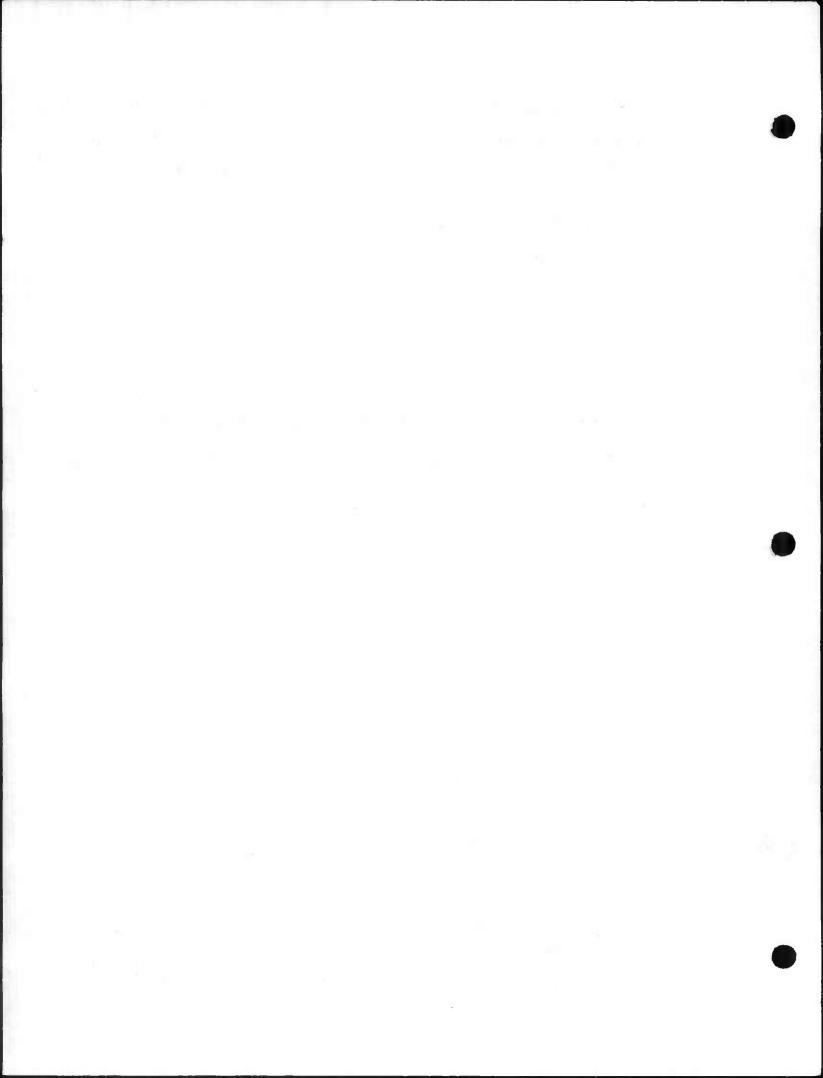
Registrar

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	of	Death			Reg. No.			
	Physician /Medical		Decedant's Nama (First, Middla ROY WII					2. Data of Do	Day	1997	3. Time of Death 10:50 p.m				
	Exami		4a. Facility Nama (If not institution, Meridian Multi			4b. City, Town, or Loca Towson			Ba	4c. County of Death Baltimore					
	Funeral Director		5. Social Security Number 218-32-2174	6. Sex XXXM 2□ F			If Under 1 Months E	Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, D May I	9,1904	9. Birth Cou Penn). Birthplaca (Stata or Foreign Country) ennsylvania	
	the Maryland 28a-f show	tor	Usual Rasidanca of Decedant 10a. Stata 10b. County Maryland Balti	more			City, Town or Location Baltimore							10d. Insida City Limits 1 ☐ Yas 2 🔯 No	
	or 28a-f	Director	10e. Street and Number			10f. Zlp Ce	10f. Zlp Code				10g. Citizan of	ntry?			
	23a c	ral	127 A. Dumbarto		21212					U.S.A.					
020	72 hours after death with the Maryland naturel', or items 23s or 28s-1 show first Evanimes must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marrie 31□ Widowad 4 □ Divorced	12. Was Da Armed F ad 1 1 Yas If Yas, G Yaar or	orcas? 2XNo liva	Was Deceden If Yas, specify 1 ☐ Yas 2€		Ilspanic Or an, Maxica Specify:		ecify Yas or N Rican, atc.)	o- 14. Re Bl	ce - Amarican Indian, ck, Whita, atc.			
5-0	72 hours	Completed	15. Decedant' (Specify only highas)	16a. Dece	16a. Decedent's Usual Occupation						16b. Kind of Businass/Industry				
121		mple	Elamantery/Secondery (0-12)	1	College (1-4or 5+)		(Giva kind of work dona during most of work life. DO NOT use ratired)								
2	T3 Co. b	S	12 yrs.	noth		Wat	Watchmaker				(Fine Middle		Jewelry		
Maryland 21215-0020	iges 1 and 2 should be filed it of Health and Mental Hyg If flem 27 is merked othe or other traumatic event,	To Be	17. Fathar's Nama (First, Middle, Last) William Daniel Quigley			Olive					a (First, Middla, Maidan Sumama) Trumb				
Ma	d 2 sl th and 7 in r		19a. Informant's Name/Relationsh Janice A. Moore		•		-					Routa Number, City or Town, Stata, Zip Code)			
a,	Health Hem 27 John tr		20a. Mathod of Disposition	Daugiteer		Ob. Place of Dispo	5504 Springlake Way Ba							- City or Town, Stata	
Baltimore,	Part L		1 ☐ Burlal 2 🏋 Cramation 4 ☐ Donation 5 ☐ Other (Sp	Greenmo	Greenmount Crematory 4					0/97 Baltimore, Maryland					
Bal	permit. Pa Departmer Important: any injury		21. Signature of Funaral Sarvice L	icansaa		22	22. Nama and Addrass of Facility Mitchell-Wiedefeld Home Inc.								
			6500 York Rd. 21212												
	Physician /Medical Examiner Immediata Causa (Final disease or condition rasulting in death)				eations that Gaused the death. Do not enter the mode of dying, such as care a cause of thine. Myocardial Infarction Due to (or as a consequence of):									Approximate Interval Batween Onset and Death hrs.	
	be is	ulne		b A	ASCVD								<u> </u>		
,00	e execut ian and urial-trar	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury C.												
c 68760,	certificate be executed ding physician and ise as the burial-transit	Medical	that initiated events resulting In death) Last	to (or as a conseq	consequence of):										
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P.O.	t the d by the	Physician	Part II. Other significant condition NIDDM	death but no	ot resulting in the u	a underlying causa givan in Part I.			l.				ribute to the cause of death? B ☐ Probably 4 ☑ Unknown		
Vital Records,	been sign	Completed by	Chronic Rena	ıl Failur	e							s an autopsy omed?	av cc	fara autopsy findings vallabla prior to omplation of cause death?	
R	The law ate has page 2	E O	Anemia								10	Yas 2 X No	11	□Yas 2⊠ No	
ita	icien: The l	Be C	25. Was case refarred to medical						26. Piaca of Death (Check only						
>	0 0 0	10	axaminar? 1 ☐ Yas 2 ☐ No	Hospital: 1	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other						her (Speci	fy)			
ion o	Allor on tuneral	Certification:	27. Menner of Death 1 Netural 5 ☐ Panding 2 ☐ Accidant Invastigs		28a. Deta of Injury (Month, Day Year) 28b. Tima Injury 28a. Place of Injury - At homa, farm, s building, atc. (Spacify)			ma of ury At Work? M 28c. Injury at Work? 1 Yes 2 No			 28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Routa Num City or Town, Steta) 				
Divis	or the after a Directo d in by t	Sertific	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida determir	ot be ned 28a. Plac build											
	To the Hospital or within 24 hours ath To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and control of the cause of a control of the cause of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a control of the cause of a								cause(s) and n , date and plece	nanner es a , and dua t	stated. o tha causa(s)		
	with 70 to to ma	W	29b. Signatura and titla of central		N,	1			a number 322			29d. Date 100	es (Mohin,	Day, Year)	
	М		30. Nama and addrass of person who completed causa of death (Itam 23a) (Typa, Print) Richard C. Habersat M.D. 120 SisterPierre Dr. Towson, Maryland 21204										/		
	Sta Registi		31. Data filed (Month, Day, Year) APR 14 1997	gu d	Registrar's	Signature Son-Randal	e.								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death **Physician** 4:45AM /Medical 4a. Facility Neme (If ngt Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Levindale GeriAlric mor C if Under 1 Yeer Montha Days 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country) 8 Date of Birth (Month, Day, Year) **Funeral** Montha 1 M 2 DF Hours 2/4-23-597/ Usuel Rasidence of Dacedant Director -11-1906 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-4 show any Injury or other traumatic event, the Modical Examinat must be not if all once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 PYas 2 □ No Directo nove 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 310 4.5.14 Funeral 12. Wes Dacedanf Evar In U.S. Armed Forces? Was Decedanf of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, etc.) 11. Marital Stafus 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 1 Navar Merried 2 Marriad 10 Baltimore, Maryland 21215-0020 1 Yas 2 10 Specify: þ 3 Widowad 4 Divorced MERICA Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Spacify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 18. Mothar'a Name (First, Middla, Maidan Surname) 17 Fathers Neme (First, Middla, Last) Be TREMUS TATKE 19a. Informant's Neme/Ralationship (Type, Print) Grand guylifast). Mailing Address (Streat and Number of Bural Route Number, City or Town, Stata, Zip Code) nrs. mary mc/a ughlin 20e. Mathod of Disposition /Pata 1 Burial 2 Cremation 3 Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) UNEVA Sanature of Funarei Sarvice Licensee Address of Facility 5 md.21216 Enter the disaase, or complications thef caused tha death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, or heart failure. List only one ceuse on each line. **Physician** /Medical immediate Causa (Final disaasa or condition resulting in death) ASPIRATION Examiner Examiner DEMENTIA physician and the burial-transit Sequentially list conditions, if any, laading to immadiate ceusa. Enter Underlying Cause (Disaese or Injury that initiated evants rasulting in death) Lasf Dua to (or as a consequance of): sloa of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): USB BS signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DEPENDENCE VENTILATOR py 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? peed page 2 s NA 1 Tas 2 No certificate Be 25. Was cesa rafarrad to medicel axaminer? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 1 Yes 2 No after death. Director: After this 28a. Deta of injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of injury 28d. Describe how injury occurred 28c. injury et Work? 1 Natural 5 Panding 2 Accident invastigation 1 Yas 2 No 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta)

To the Hospital or Alla within 24 hours after the To the Funeral Directo completely filled in by th

State

Medical

4 Homicida

29b. Signature and titla of certifier

MATTHEW

31. Date filed (Month, Day, Year)

Marther Wolabrey

30. Name and addrass of person who complated ceuse of death (Hem 23a) (Type, Print)

29a. Certifier

Registrar

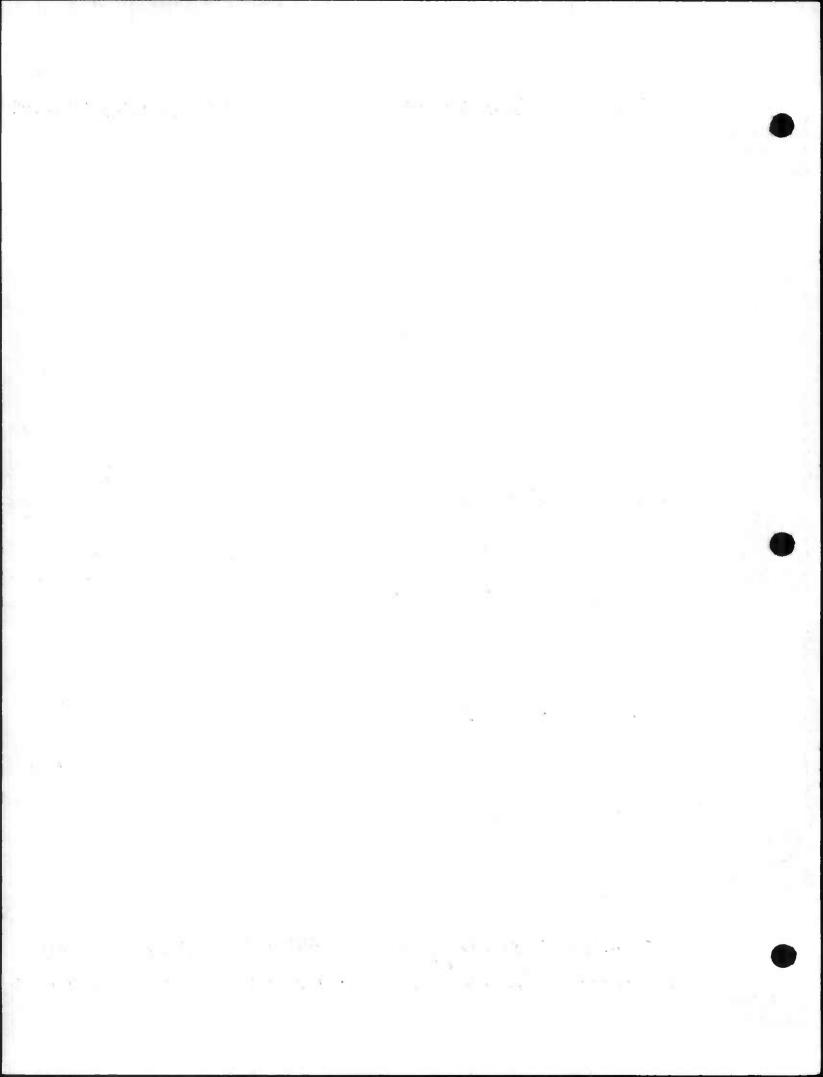
MCNABURY 32 Magistrar's Sign

Tertifying Physicfan: To the best of my knowledge, daath occurred et the tima, data and place, and dua to tha ceusa(s) end mennar es statad.

| Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) end manner stefed.

Belvedere

29d. Data signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

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			State of N	narylan		aπment o ertificate (f Health and of Death	Mental H	ygiene Reg. No.	9/	11110	
Physic		Decedent's Name (First, Middle TRICIA	, Last) ANN		RA	YESKI		2. Date of D	eath	198997	3. Time of Death 01:10 AM	
/Medic Examir		4a. Fecility Neme (If not institution, SHOCK TRAUM.	Fig. 1. Sept. r)			4b. City, Town, or BALTIM		th 4c. Cour	nty of Death			
Funeral Director		5. Social Security Number 203-60-7856 Usuel Residence of Decedent	6. Sex 7. A	ge (In yrs. 24	last birthday, Yrs.	Months Da			irth Pay, Year) 2,1972	9. Birth Cou Penn	place (State or Foreign ntry) Sylvania	
r 28a-f show notified at	or	10a. Stete 10b. County Maryland Howai	cd		, Town or L						t0d. Inside City Limits 1 ☐ Yes 2 🕅 No	
with the a or 28s be notif	Direct	10e. Street end Number 8793 Autumn Hi		6,11	10000	10f. Zip Coo			10g. Citizen o			
W.	by Funeral Directo	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Deceden Armed Forces	? No	S. 13.		21043 of Hispenic Origin? (Suban, Mexican, Puer No Specify:	Specify Yes or N to Rican, etc.)		State ace - Ameri lack, White	can Indian, , etc.	
Wednesday	Completed	15. Decedent' (Specify only highest Elementary/Secondery (0-12)	grade completed) College (1-4or	5+)	(Give		ne during most of wo tired)	rking	16b. Kind of			
d be filed w antal Hygien and other th c event, the	Be	17. Father's Name (First, Middle, L	· ·		Spec	Special Educator 18. Mother's		me (First, Middle		High School		
s 1 and 2 should (Health and Men tem 27 is marks other traumatic	To	John C. Rayesk		Type, Print) 19b			Sharon Peters Aailing Address (Street and Number or Rural Route Number, City or To				r Town, Stete, Zip Code)	
Page nent o ant: If I		Mr. John C. Raye: 20a. Method of Disposition 1 Disposition 2 Cremation 4 Donation 5 Other (Sp	3 □Removal from State	20b. P	lace of Dispension	Vest Sha position (Name of metory or other 's Ceme	place)	Dete	20c. Location	n - City or T		
pemit. Pag Depertment Important: It any Injury o		21. Signature of Funeral Service Licensee Leonard J. Ruck, Inc. Funeral Hom 5305 Harford Road Baltimore, MD 2121									ome 1214	
Physician /Medicai Examiner		23a. Pert1. Enter the disaase, or a shock, or heart failure. List of Immediate Cause (Final disease or condition resulting in death)	nly one cause on each	line.		Injuri		c or respiratory	arrest,		Approximate Interval Between Onset and Deeth	
	iner	resulting in addition	- b	Due to (or	r as a conse	quence of):						
cete be executed physician and the burlet-transit	ai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enfer Underlying Cause (Disease or injury that initiated events	c	Due to (or as a consequence of):								
death certificate be executed e attending physician and od for use as the buriel-transit	n/Medical	that Infliated events resulting in death) Last	d	Due to (or es e consequence of):								
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aw requir ss been s 2 should	Completed b								s an autopsy ormed?	av	fere autopsy findings vailable prior to completion of ceuse death?	
P Se H	0	25. Was case referred to medicel				1 ☐ Yes 2 ☐ No 1					BYes 2□ No	
Phys ral di	n: To B	examiner? 1 Yes 2 No 27. Manner of Death	Hospital: 1 Xinpali	liny	28b. Time o	IL SLI DOM	Other	lome 5□Res			fy)	
e Hospital or Attending F 124 hours efter death. • Funeral Director: After letely filled in by the funar	Certification:	1 Netural 5 Pending 2 Accident Investigs 3 Suicide 6 Could no 4 Homlcide determin	ot be 28e. Place of In	-91	me, farm, st	OM	☐ Yes 2 🗹 No	28f. Location	(Street and Nur (wn, State)		al Route Number,	
the Hospital thin 24 hours e the Funeral (mpletely filled	edicai	29a. Certifier (Check only one) 1 Certifying X Medical E	Physician: To the best caminer: On the basis of and manner si	of examinati	viedge, deat	n occurred at the	time, date and place	e, and due to the urred at the time	cause(s) and	manner es s e, end due t	stated. to the cause(s)	
ithin 2 o the	ž	29b. Signature and title of certifier	111			00- 11-	ense number	T	29d Date sign	and Adapth	Day Vasal	

29b. Signature and title of certifier

31. Date filed (Month, Day, Year) APR 1 4 1997

29c. License number

29d. Date signed (Month, Dey, Year)

OCME

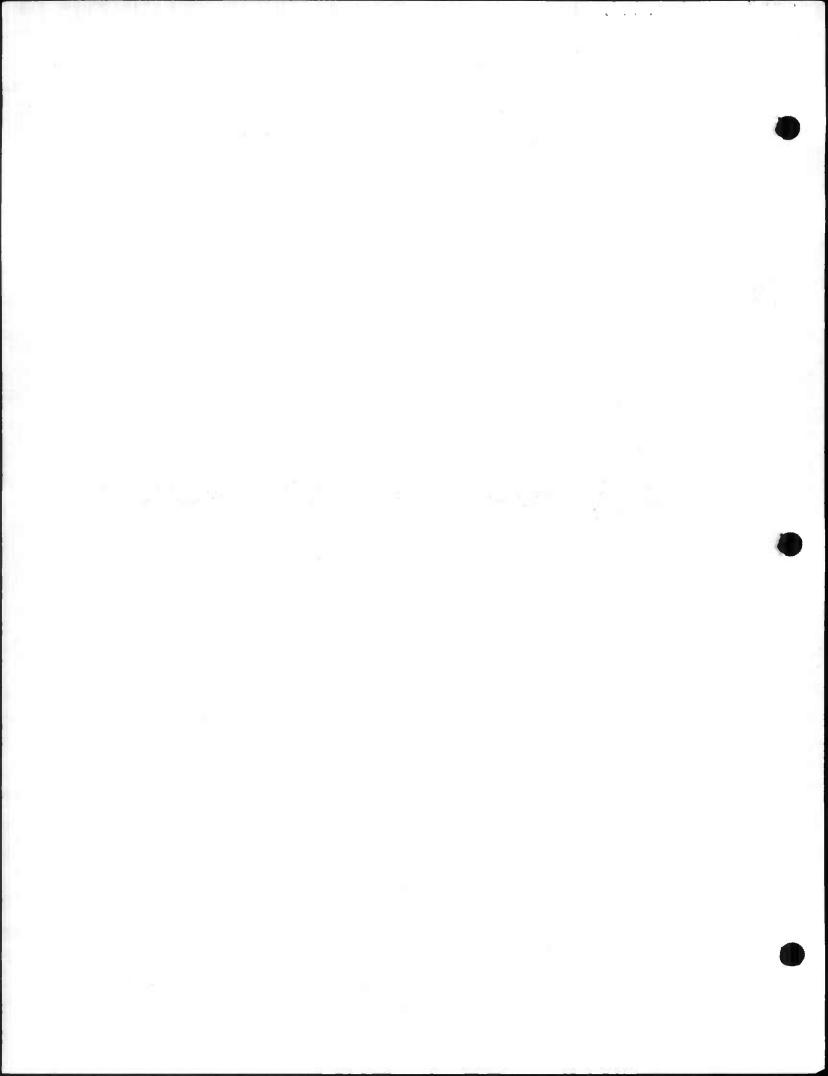
APRIL 11,1997

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrer's Signature Juna Pavidson-Handelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Nama (First, Middla, Last) 2. Deta of Daath Month **Physician** Kidle Esther 9120AM JOONN DHI /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Union Memorial Hospital Baltimore City If Undar 1 Year If Under 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 09-05-20 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months Days Hours 1 M XXF 76 181-16-8296A Yrs. Director Pa. Usual Rasidenca of Dacadant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Md Harford Abingdon 1 Yas 2 XNo Oe, Straat end Number 10f. Zip Coda 10g. Citizan of What Country? 1319 HiddenStream Drive 21009 USA 12. Wes Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 1 No If Yas, Give Yaer or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxlcan, Puerto Rican, atc.) Raca - Amarican Indian, Bleck, Whita, atc. XI Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: Specify: Black py 3 ☐ Widowad 4 ☐ Divorcad Completed Dacadent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Business/Industry (Spacify only highest greda complated) filed within Hygiene. other than Elementary/Sacondary (0-12) Coilege (1-4or 5+) 12th Grade PHD Laborer Morgan State College permit. Pages 1 and 2 should be file.
Department of Heath and Mental Hy, important: if flem 27 is marked other any injury or other two. 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be T. John Ridley Maria Lee Mullins 19a. Informent's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) June Ridley 110 Clinton Drive Pittsburg, Pa. 15235 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 Cramation 3 ☐ Ramoval from Stata Greenmount Cemetery 04-11-97 Baltimore, Md. 5 Other (Spacify) Funeral Service (c 21. Signat 22. Nama and Addrass of Fecility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 21202 Do not entar tha mode of dying, such as cardiac or respiratory arrast, Approximate Intarval Batween Onsat and Death **Physician** /Medical Immadiata Causa (Finel · Metastatic disaasa or condition rasulting in daath) Examine SMall physicien and s the burief-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as e consequanca of): Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Probably 4□ Unknown 1 Yes 2 No p 24b. Wara autopsy findings available prior to complation of cause of death? Be Completed 24a. Was an autopsy performed? page 2 s this certificate 1 ☐ Yes 2 No Division of Vital 25. Was casa rafarrad to medical examinar? 26. Placa of Daath (Chack only ona) Hospital: 1 Inpatiant 2 ER/Outpatiant 3 DOA 1 Yas 2 No Othar: 4□ Nursing Homa 5□ Rasidanca 6□ Othar (Specify) Certification: To To the Hospital or Attanding Physi-within 24 hours effer death.

To the Funeral Director: After this completely filled in by the funeral dir 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 2 Accidant 5 Panding invastigation 1 Yes 2 No 3 ☐ Sulcide 6 Could not be determined 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Spacify) Location (Straat and Number or Rurel Routa Number, City or Town, Stata) 4 Homicide 29a. Cartiflar Certifying Physician: To the best of my knowladga, death occurred at tha tima, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signature and title of certified 29c. Licansa number 29d. Dete signed (Month, Day, Yaar) AT2438946 30. Nama end addrass of person who complated cause of death (Itam 23a) (Type, Print)

Hospital, Batt, ud. 21218

State

Registrar

nelle

31. Deta filad (Month, Day, Yeer)

32 Registrar's Signatura

Julia Davidson

0.00 1 407

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 7:3011 **Physician** Month Kalph 1997 MAN. /Medicai 4a. Fecliity Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Good Samaritan Hospital gramithed 6. Sex 1 ★ 2 F If Undar 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Yrs Director 218-03-4023-A Maryland Usuei Residence of Decedent r 25a-f show 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits YXYes 2□ No Director Md. N/A Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda must be n 129 W. 29th Street 21218 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 24 DNo if Yas, Giva Yeer or Dates: Wes Decedent of Hispenic Origin? (Spacify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Naver Married 2 ☐ Marriad ò 1 ☐ Yes 2 XNo Specify: Specify: White Àq 3℃Widowed 4□Divorced 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Maintenance Brown Realty Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) Pages 1 and 2 should be ment of Health and Menta ant: If them 27 is marked lury or other traumatic et Howard N/A 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) Robert Ritz/Son 6736 5th Avenue, Baltimore, Maryland 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from Stata Department of Important: If any injury or gncs. 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Cemetery 4/8/97 Baltimore, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Lilly & Zeiler Inc. 1901 Eastern Avenue/21231 23e. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or raspiratory arrest, shock, or haert feilure. List only one ceuse on each line. Approximata intarval Between Onset and Deeth **Physician** /Medicai immediete Cause (Finei Preumoni 10 days diseese or condition rasulting in deeth) Examiner Dua to (or es e consequence of). Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted avants resulting in deeth) Lest end Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Pert II. Other aignificent conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed by diabetes mellitus Records, þ 24b. Ware eutopsy findings availabla prior to completion of ceuse of deeth? Be Completed 24e. Was an autopsy performed? Lementia Atherosclerolic Coronary Vascular Visasse certificata 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Was cesa referred to medicel axaminer?
1 Yes 2 No 26. Plece of Daeth (Check only one) Hospitei: 1 Ninpatlant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 28c. Injury et Work? 27. Mennar of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Describe how injury occurred After 5 Pending investigation s after dec. 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicida 28e. Place of injury - At home, ferm, streat, factory, office building, etc. (Spacify) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled in 15 Certifying Physician: To the bast of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

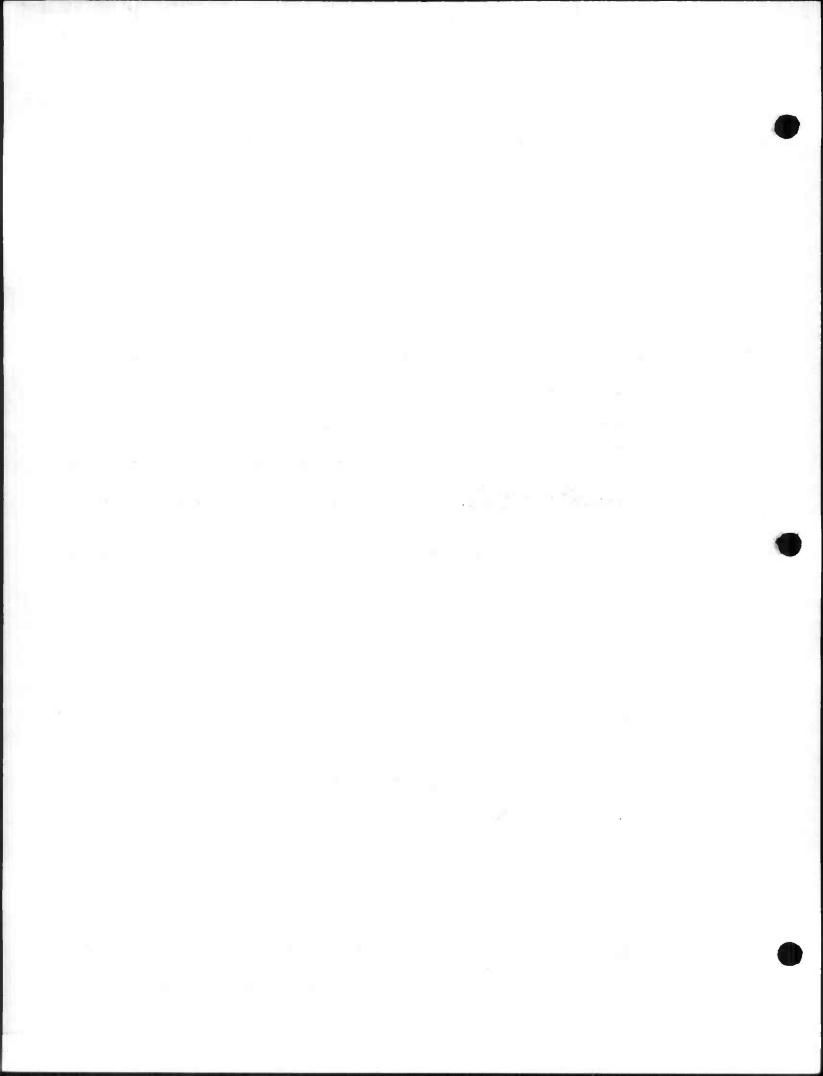
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date and place, and due to the cause(s) end menner steted. 29a. Cartifian Medical 29c. License number 29b. Signature end title of certifian 29d. Data signed (Month, Dey, Year)

State Registrar 31. Dete filed (Month, Day, Year)
APR 14 1997

ROBERT PELZ, M.D.

GOOD SAMARITAN HOSPITAL 5601 LOCH RAVEN BLVD.

30. Neme end eddress of parson who complated cause of deeth (item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Death **Physician** Kogers eanne 4b. City, Town, or Location of Deeth /Medical 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death Examiner St. Agnes Hospital Baltimore N/A 5. Social Security Number 7. Aga (In yrs. last birthday) 56 Yrs. If Under 1 Yaar | If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 09/10/1940 Birthplace (Stata or Foreign Country)
 MD . **Funeral** 10 M 20 F Deys Yrs. Director 218-36-5060 Usual Rasidance of Dacedant 10a State 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner nast be notified at MD. Baltimore Catonsville 1 Yas 2 No Director 10e. Sfreet end Number 10f. Zip Coda 10g. Citizan of What Country? ò 418 Chalfonte Dr. 21228 U.S.A. Негля 23а death Funeral 12. Was Decedanf Evar in U,S. Armad Forces? 1 ☐ Yes 2 ② No If Yas, Giva Yaar or Dates: 11 Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Black White atc. filed within 72 hours efter 1 Never Married 2 Married ò 1 ☐ Yes 2 No Specify: White þ Specify 3 ☐ Widowed 4 ☐ Divorcad "natural", Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry el Hygiene. Elamantary/Secondary (0-12) Coltaga (1-4or 5+) Homemaker Own Home altimore, Maryland 17. Fafher's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Pages 1 end 2 should be nent of Health and Mentel John Bannon Madeline Hoffman 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) If item 27 is Paul Rogers/ Husband 418 Chalfonte Dr. Catonsville, MD. 20b. Placa of Disposition (Nama of camatary, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai from State Important: If any Injury o once. 4 Donetion 5 Dothar (Spacify) Enton prent Moreland Memorial Park 4/15/97 Baltimore, MD. 21. Signature of Funeral Service Licensee Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. ns and caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, on each line. 23a. Part1. Emer the disease, or complete consherved shock, or heart failure. List only one cause Approximata Intarvai Batween Onset and Death **Physician** /Medicai Immediata Causa (Finel UNCOMYCIN RESISTANT RUTEROLOCCAL SAPSIS NINE DAYS disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner RESISTANT BUTCHOCOCCAL BUDGENDITIS VANCOMCIN Sequantially list conditions, if any, laading to Immadiate causa. Entar Undarfying Causa (Disaasa or Injury that Initiated avants rasulting In daeth) Last Dua to (or as a consequence of) The lew requires that the death certificate be execu physician s the burie Box 68760, Dua to (or as e consequance of): P.O. I Part II. Other eignificant conditions confributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ASPIRATION PNEUMONIA WITH DULT RESPIRATORY Records, à page 2 should be Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings aveilabla prior to completion of cause of death? ASTROSS SYNONOUR, ALCOHOUSM, ALCOHOUC GRETEDTIPETINAL HEMOLITAGE 25. Was case rafarrad to medical axaminar? mis certificate 1 Yas 2 No Vital Be 26. Placa of Death (Check only ona) Hospital: 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No ō 27. Mannar of Deatl 28b. Tima of 28c. Injury at Work? Certification: 28d. Dascribe how Injury occurred vision 5 Panding invastigation 1 Natural 2 Accidant 1 Yas 2 No 6 Could not be datarminad 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, street, fectory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) B 4 Homicide 4 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end manner stated. 29a. Cartifian Medicai

State Registrar

29b. Signature and title of certific

4600 WILKERS AUB, mi

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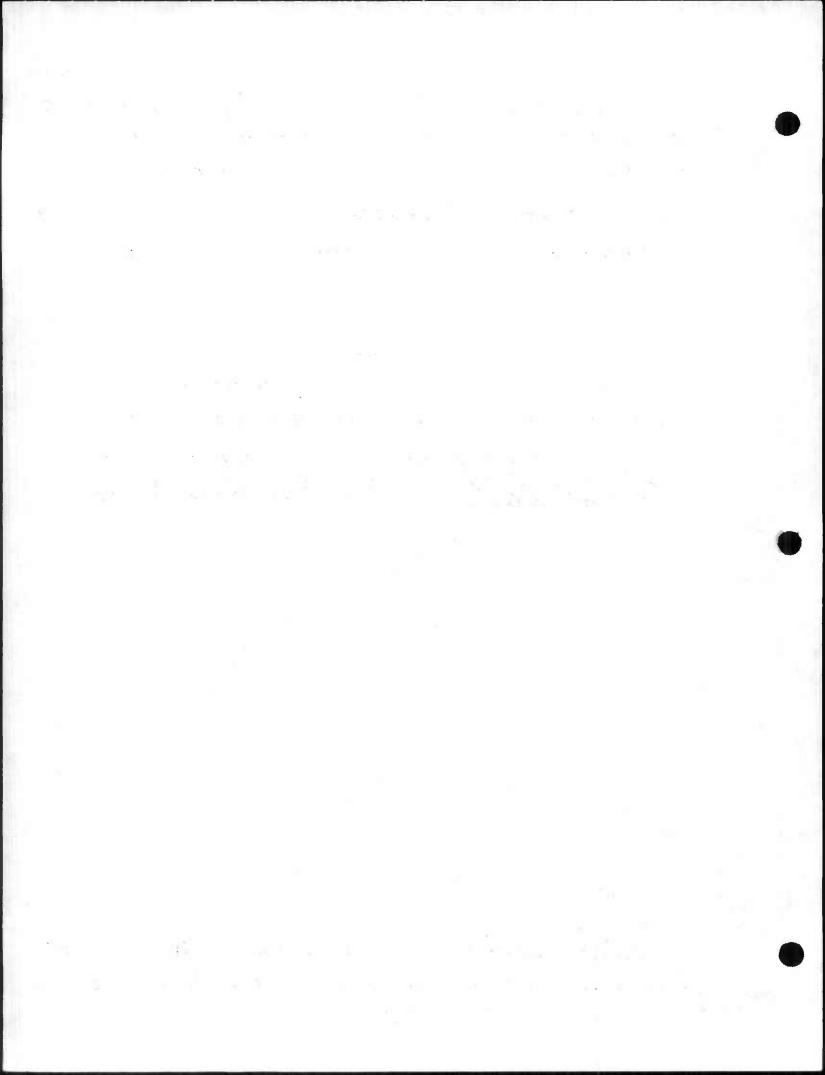
30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

29c. Licensa numbar

SUITE 107, BUTIMONE, MD 21229

29d. Data signed (Month, Day, Year)

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item26 4-14-97 FilmG746 W.H.Per F/H Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician SCHARMANN** ALMIRA pri /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Union Hospital Elkton Cecil If Undar 1 Yaar if Under 24 Hrs. Hours Min. 9. Birthplace (State or Foreign Country)
Maryland 5. Sociel Sacurity Number 7. Aga (In yrs. lest birthday) **Funeral** 1□M 2ĂF Days 88 Yrs. Director 215-07-6136 Usual Residance of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be nothed at Harford Belair 1 Yas 2 No Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21014 USA 2021 Conowingo Rd. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Heelth and Mentel Hygiena. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Evanment XX Navar Married 2 Married White 1 Yes XX No Specify: ð 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Banking Industry Clerk -Proof Dept. 12 yrs. 2 yrs. 17. Fethar's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Charles Steven Scharmann Almira Poole 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Coda) Mr. Robert L. Scharmann, Sr. 2021 Conowingo Rd. Belair, Maryland 20b. Pleca of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 4-7-97 Parkwood Cemetery Baltimore. Md. 4 ☐ Donetlon 5 ☐ Other (Specify) 22. Nama and Addrass of Facility
Lassahn Funeral Home 21. Signature of Funeral Service Licensee 7401 Belair Rd. Baltimore, Md. 21236 234 Part. Errier the disease, or complications that caused the death. Do not anter tha moda of dying, such es cardiec or respiretory arrest, shock, or heer feilure. List only one ceuse on eech line. Approximete Intervel Batween Onset and Death **Physician** Congestive Heart Failure Aortic Sténosis /Medical Immediete Causa (Final disaasa or condition resulting in deeth) Examiner Examine physician and s the buriel-trans Sequentielly list conditions, if any, laading to immadiete cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Physician/Medical Due to (or as a consequance of): Part II. Other eignificant conditions contributing to death but not resulting to the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Coronary Artery disease 1 Yee 2 No 3 Probably 4 Unknown signed b ρ 24b. Were autopsy findings eveilable prior to completion of causa of deeth? Completed 24a. Wes an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours effer death.

To the Funeral Director: After this certifica 25. Was case referred to medical axeminer? Be 26. Place of Deeth (Check only one) Other: 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturei 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homlcide

Division of Vital Records,

Baltimore, Maryland 21215-0020

State Registrar 29e. Certifier

29b. Signeture and title of contifier Sachders MD 29c. Licanse number

1 Certifying Phyeicten: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted.

29d. Data signed (Month, Day, Year)

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Sachdev 118 North ST. STE. 3B Elkton, MD 21921 Sheel mohan M.O. 31. Dete filed (Month, Day, Year)

Julia Daijdson-Randelle

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Par 199 Ygar Tina Sions 5:45 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Riverview Nursing Centre Essex Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb. 10, 1913 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Days Hours 1 M 2 F 218-22-3161 Yrs. West Virginia 84 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Middle River 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 630 Kingston Rd. 21220 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ▼No 3 Widowed 4 Divorcad Specify: White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Box Manufacturer Trimmer 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Oscar Dolly Lennie Thompson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Vernon Sions (son) 1666 Cape May Rd. Baltimore, Maryland 21221 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other placa) 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Gardens Of Faith Cemetery4/14/1997 Baltimore Co.Md. 22. Name end Address of Fecility Bruzdzinski Funeral Home P.A. ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heert failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final preuda 413 disease or condition resulting in death) Due to (or as e consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Part II. Other eignificant conditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 2 KNO 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Natural 2 Accident 5 Pending investigation

The law requires that the death certificete be executed of Vital Records, P.O. Box 68760, Physician/Medical signed by the e p Completed page 2 hes this certificate hysician: Be 0

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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Items 23a

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nd Mental Hygiene. marked other than

permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event once.

Physician /Medical

Examiner

Director

Funeral

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traumatic evant, the Madical Examiner must be notified at

the Maryland

filed within 72 hours efter death with

Baltimore, Maryland 21215-0020

Certification: Medical

To the concle

State Registrar

1997

29b. Signature and title of cartifier

31. Date filed (Month, Day, Year)

6 Could not be determined

Schwartz

3 Suicide

29a. Certifier

4 Homicide



warm)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) Hammonds Lane

1 Coertifying Phyaician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 D Medical Exeminer: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) end manner stated.

1 ☐ Yes 2 ☐ No

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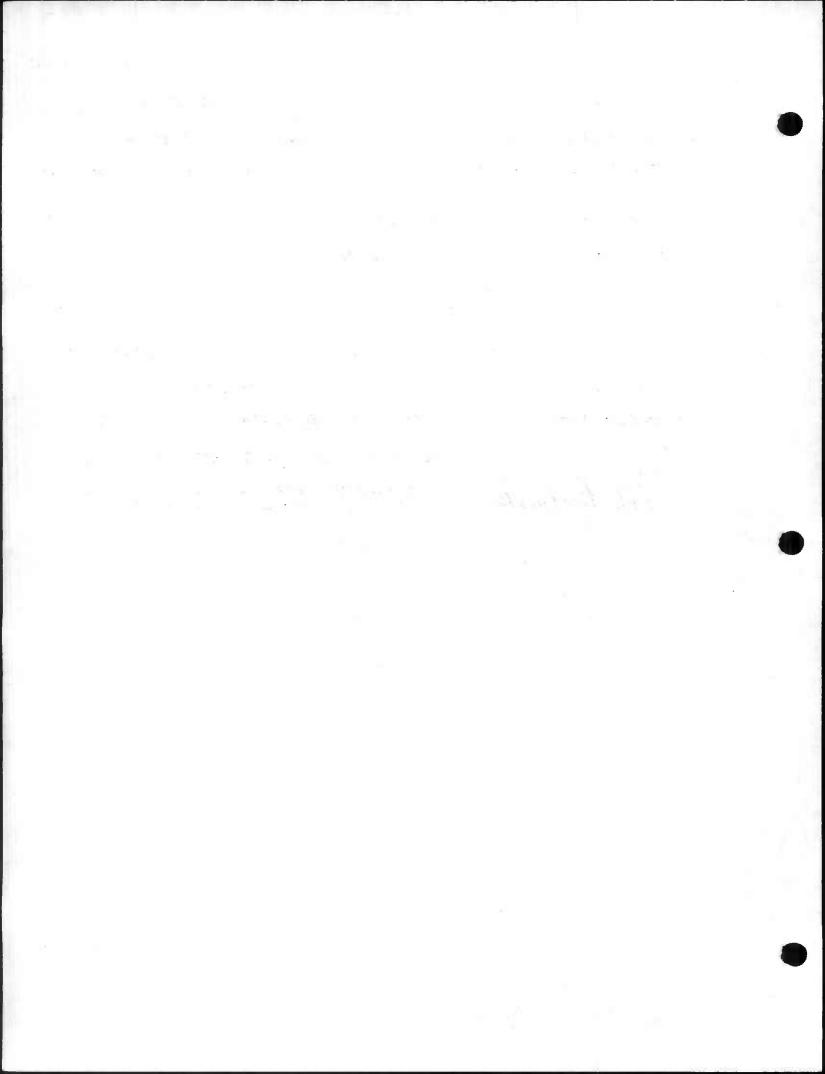
29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Baltimore, Md.

Full Davidson Randoll

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Scott Annette KOSOLIND 1997 Apr 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death COURT RANDAllston VAlley BAHIMER 8509 If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 40 Months 10 M 28 F 212-19-7461 Yrs. 100. 24, 194 Marycano Usuet Residance of Decedant 10c. City, Town or Location 10a. Stete 10b. County 10d. Inside City Limits 1 Xes 2 No RAM DALLStown manymo BAltiquore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whef Country? Hill Court 8509 UAlley 12. Wes Dacedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Maritel Status Bleck, White, etc. Frmed Forces (I □ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) OWN Hom E Cotlega (1-4or 5+) HOUSEWIFE 12 46AYS 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) IEAN WESTMUSICIOND DAVIU HERMAN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 // 33 Court 8509 UALLEY Komas/stown, Wa HUSBAND SONMO SCUH 20b. Plece of Disposition (Name of cemetery, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State mison Forestleterant KUTRYS 4 ☐ Donation 5 ☐ Other (Specify) HAVEIS FURENCE HUNE end Address of Fecility CHATMAN REISTERS TOWN NOAD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility 5240 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilura. List only one causa on each line. Approximete Intervei Between Onset end Deeth ARTERIOS ele ROTIC CARDIOVAS ENLAR DISEASO Immediate Ceuse (Finel disaasa or condition resulting in deeth) Due to (or es e consequence of): Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Ceuse (Disaese or Injury that initiated events resulting in deeth) Lesf Due to (or es e consequence of) Due to (or es e consequence of) 23b. Did lobacco use contribute to the cause of death? 3 Probably 4 D Unknown 1 Tes 2 No. 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yas 2 100 1 ☐ Yes 2 ☐ No 26. Placa of Deeth (Check only one)

The law requires that the death certificete be executed P.O. Box 68760. the 80 esn signed by the Records, hes page 2 Division of Vital clan:

Physician

/Medical

Examiner

Funeral

Director

show

ral', or items 23a or 28a-f show Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours efter death with 1 ment of Health and Mertal Hygiene.
Int: If item 27 is marked other than "natural", or items 23s or item any or other than instruction.

item 2.

Department of Important: If any injury or

Physician

/Medical Examiner

21215-0020

Baltimore, Maryland

Directo

Funeral

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Completed

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the Maryland

Physician/Medical Ď Completed Be 2 Certification: To the Hospital of within 24 hours at To the Funeral D completely filled it Medicai

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Was case refarred to medical axaminer 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manne of Daath 28e. Data of Injury (Month, Day Year) 28b. Tima of 28c. fnjury at Work? 5 Panding Invastigation 1 Naturet 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, ferm, streef, fectory, office building, etc. (Spacify) 4 D Homicide

Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifie Typing Physician: To the best of my knowledge, death occurred at the time, date and pteca, and due to the causa(s) and manner as stated.

The property of the basis of examinating and/or investigation, in my opinion death occurred at the time, date and place, and due to the course of the time. Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. 29c. License number

29b. Sign

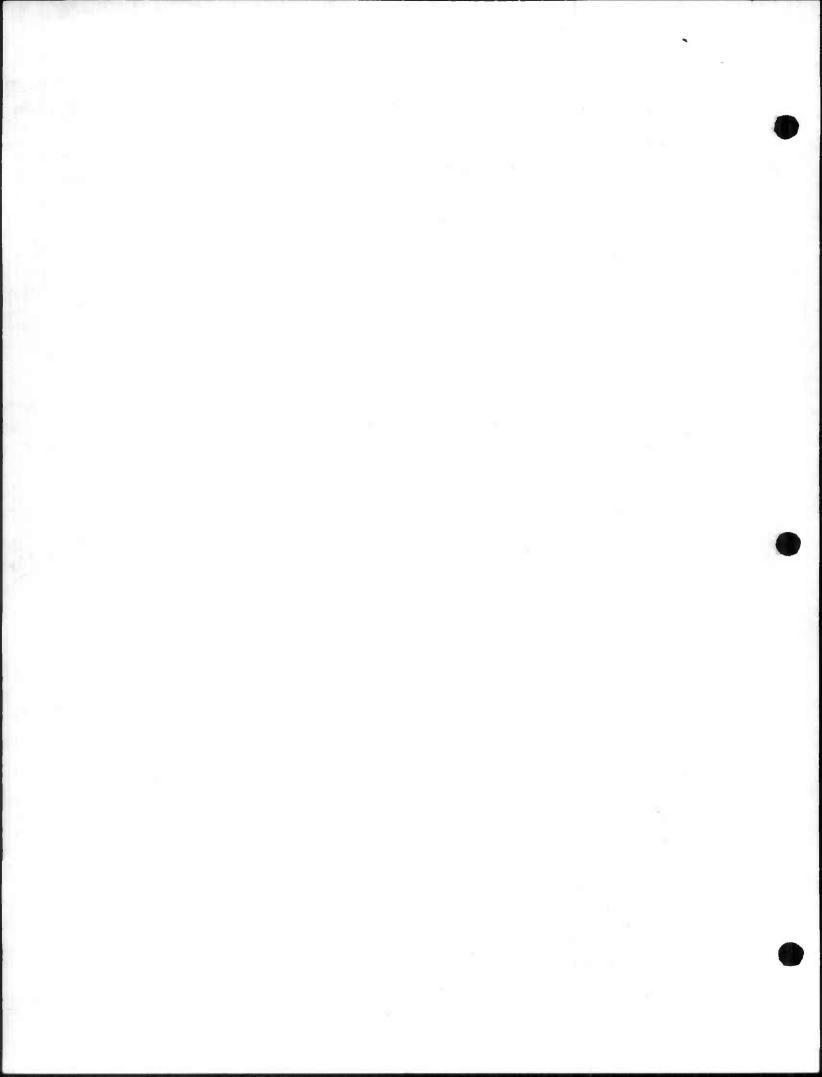
29d. Date signed (Month, Dey, Year)

30. Neme and addrass of pe

ATONSVILLE 21228 MCKHV2 Day, Year)

State Registrar

31. Dete III



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Year April Milton Spriggs Sr. 1997 /Medical Μ. 9:00 am 4a. Fecllity Name (If not institution, giva street end number) 4c. County of Daath 4b. City. Town, or Location of Death **Examiner** BALTIMORE CITY
If Under 1 Year If Under 24 Hrs. 8. Date of Bir UNION MEMORIAL HOSPITAL 8. Date of Birth (Month, Dey, AUG. 13 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 10XM 2□ F Months Days Hours MARYLAND Yrs. Director 219-16-4414 Usuel Residence of Decedent 70 the Maryland r 28a-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1XXYas 2 No Director MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 end 2 should be filed within 72 hours after death with Department of Haalth end Mental Hygiena. Important: If Item 27 is marked other than "natural", or Itama 23a or any Injury or other treumatic event, the Modical Examines from the last of the manual manual in the last or other treumatic event, the Modical Examines from the last of the manual manu U.S.A. 14. Raca - American Indien, Bleck, White, etc. Funeral 2514 McHenry Street 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) YYes 2 No If Yes, Give Yaer or Dates: 1 ☐ Never Married 🎗 🔀 Marriad Baltimore, Maryland 21215-0020 1□ Yes 2□No þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Bustness/Industry Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER TRUCKING 12th grade 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Major Spriggs Bertha E. Spriggs 19e. Informent's Name/Retationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Patricia Long/Daughter 2218 Walshire Avenue, Baltimore, Maryland 21214 20b. Place of Disposition (Nama of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ♀ Surial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEMETERY 4/12 BALTIMORE, MARYLAND 21. Signature of Eurofal Se 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE xolein 23a. Part1 Emelure disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete nterval Between **Physician** /Medical Immadiata Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Scleraderma burial-transit Sequentially list conditions, if eny, teeding to immediata cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting to deeth) Lest pue Due to (or es a consequence of): physician es the burial P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): usa Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed to should be dete Records, by 24b. Were eutopsy findings evellable prior to completion of causa of deeth? 24a. Wes en eutopsy performed? Completed 1 ☐ Yas 20KNo certificate Simsion of Vital Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatiant 2 □ ER/Outpetient 3 □ DOA Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To this 28e. Dete of Injury (Month, Day Year) 27. Mennar of Deeth 28d. Describe how trijury occurred 28b. Tima of 28c. Injury et Work? After 1 Neturel 5 Pending after deeth. 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) hours after 4 Homicide To the Horphal within 24 hours at To the Funeral D complataly filled i Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dev. Year) indeess of person who completed cause of deeth (tem 23e) (Type, Print) 30. No TO KIJIV JYD 3 r) 32. Registrer's Signetura 3333 N. Calvert IT Bulto HN. 2/2/8 31. Date filed (Month, Day, Year) State Jika Savidson Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Bennie SyKes 1505 PM April 11 /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Sinai Hospital of Baltimore Baltimore Baltimore 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1 MM 2□F 239-22-4349 Usual Residence of Decedent Director N. CAROLIRA 10b. County 10a Stata 10c. City, Town or Location Pages 1 and 2 should be filed within 72 hours efter deeth with the Merylan ment of Heelih and Mental Hygison. annt: If them 27 is merked other than "natural; or itema 23a or 28a-f show ury or other traumatic event, the Madical Experies ment has notified as ury or other traumatic event, the Madical Experies ment has notified as 10d. Insida City Limits 1 THE 2 No Director mary lows BAILMERE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 923 N. ROSEDALE STEET USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates! 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Puplar Grave Borser Elementary/Secondary (0-12) College (1-4or 5+) BAYBER 900016 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumama) Sykes Minnie Stephenson Willie 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Streat and Number or Rural Route Numbar, City or Town, Stata, Zip Code) BALTIMIE, Haylons 20b. Place of Disposition (Name of cemetery, cramatory or other piace) LIZZIE SOHNEM 20c. Location - City or Town, Stata 20a. Method of Disposition Date permit. Pages Department of Important: If it any injury or o 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Emponotsville Haylows rest Low Cometen 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHRYMAN - Horn's Fine lat Home 21. Signature of Funeral Sarvice Licensee 5240 REISTERSTUND RUMS 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardido or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Pneumonia-pseudomonas /Medical Immediate Cause (Final 3 weeks disaase or condition resulting in death) **Examiner** Due to (or as a consequenca of): Respiratory Examiner Failure ding Physician: The law requires that the death certificete be axecuted buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated evants rasulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of) Part 11. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Be Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examinar? 28. Place of Death (Check only one) Hospital: 1 ∑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residenca 8 Other (Specify) 1□ Yas 2 No Certification: To this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and placa, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. To the within 2 To the complete 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Morothea ammarie Dolbon AS2402321 DAD9030 Cipril

Baltimore

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

of

32. Registrar's Signature

Julia Davidson

Hospital

APR 14 1997

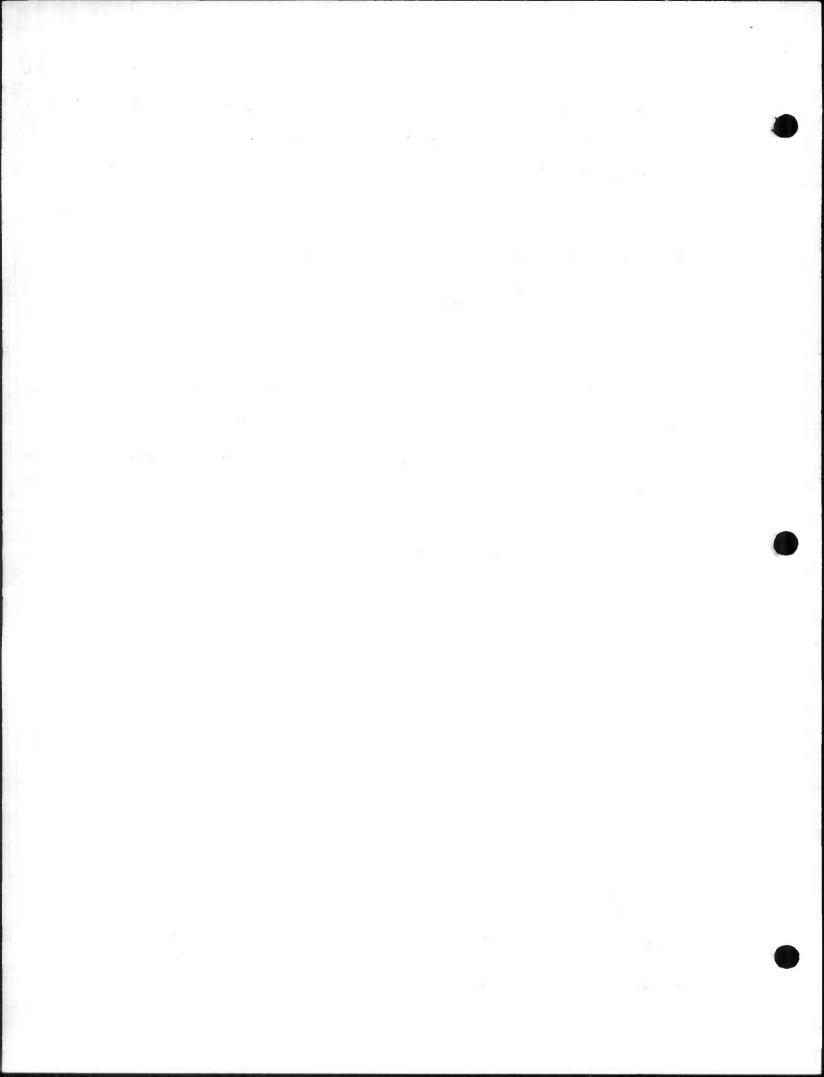
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31. Date filed (Month, Day, Year)

DHMH 16 Rev 6/95

State

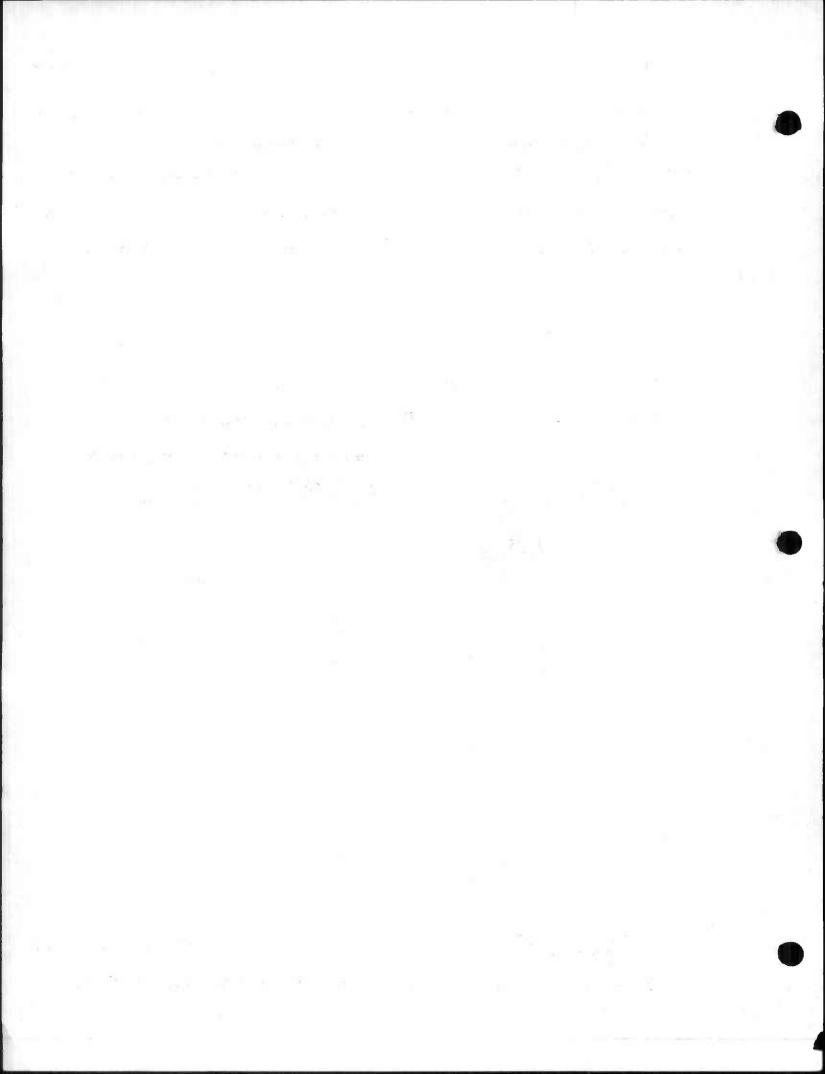
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Item4a 4-14-97 FilmG746 W.H.Per F/R Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Year Theresa /Medical APRIL 1997 3:14 am 4a. Facility Neme (If not institution, give street end number, Johns 4b. City, Town, or Location of Death 4c. County of Death Examiner JOHNAS HOPKINS HOSPITAL BALTIMORE CTTY
If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 6. Sex 1 □ M 2X F 7. Age (In yrs. last birthdey) if Under 1 Yeer Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** Months Days 218 22 4240 70 Yrs. Director 22,1926 Maryland Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-t show Baltimore Maryland Baltimore 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1712 Wycliffe Ave. 21234 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2X No Specify: White 3 ☐ Widowed 4 ☑ Divorcad Specify: Completed r than "natu 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiene. other then "n Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Domestic 8 Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) permit. Pagas 1 and 2 should be the Department of Health and Martal Hy important: if item 27 is married offs any Injury or other traumatic event 200s. 18. Mother's Name (First, Middle, Malden Sumeme) Be Kar1 Fickert Marie Amelia Kraft 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) J. Scott Smith / son 1712 Wycliffe Ave., Baltimore, MD 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 The Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 4/14/97 Baltimore, MD 22. Name end Address of Fecility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, 21286 Doluman 23a. Pert1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Two Days Homorhogo Subarachneid Examiner Due to (or as a consequence of): Examiner sician and burial-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequenca of) P.O. Box 68760, Physician/Medical Hospital or Attending Physician: The law requires that the death certificate
24 hours after death.
 Eneral Director: After this cartificate has been signed by the attending physieletely filled in by the funeral director, page 2 should be deteched for use as the
instelly filled in by the funeral director, page 2 should be deteched for use as the Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, þ 24b. Were eutopsy findings availeble prior to completion of cause of death? Completed 24e. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 Yes 212 No of Vital 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28a. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner es steted. Medical To the Hosp within 24 ho To the Fune completely fi 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) March Twelve 1997 RES- 000 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) North Wolfe More T Bolbagore 600 State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		State of Ma		epartme Certifica			and M		giene g	7	11120	
10	1. Decedent's Name (First, Middle, Las	t)						2. Date of Dec			3. Time of Leath	
an	George E. Shana			Month	Day 09	Year	01:17 cm					
al	4a. Facility Name (If not Institution, give		4b. City, To	wn, or Lo	ocation of Death							
er	Baltimire Veteran's Af		1 conta	24.0		Balton				nore	City	
-	5. Social Security Number 6. Se		(In yrs. last birti	1	der 1 Year	If Under		8 Date of Birt		_		
		©M 2□F		rrs. Month	ns Days	Hours	Min.	8. Date of Birt (Month, De Oct. 1,	1932	Cour	place (State or Foreign ntry)	
	Usual Residence of Decedent							000. 1,	1902	rein	nsylvania	
	10a. State 10b. County		10c. City, Town	or Location						1	Od. Inside City Limits	
to	Maryland Anne Aru	ndel	Glen 1	Burnie							1 ☐ Yes 213 No	
rec	10e. Street and Number			10f.	Zip Code				10g. Citizen of	What Cour	ntry?	
Funeral Director	6414 Jefferson P.	lace			2106	1			U.S	5.		
Jer	11. Maritai Status	12. Was Decedent E	ver in U,S.	13. Was De	cedent of H	lispanic Orl	gin? (Spi	ecify Yes or No- Rican, etc.)	14. Rac	e - Americ	can Indian,	
F	1 Never Married 2 Married	Armed Forces? 1X Yes 2 □ No	o Korean				, Puerto	Rican, etc.)	Bia	ck, White,	etc.	
by	3 ☐ Widowed 4 ☑ Divorced	If Yes, Give Year or Dates:			2 🔼 No	Specify:			Specif	v: W]	nite	
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Completed	12th	00110g0 (1 401 0 1	·′ '	Truck 1	Drive	r			Paving	& G1	cavel	
Se C	17. Father's Name (First, Middle, Last)					18. Mothe	r's Name	First, Middle,	Maiden Sumer	ne)		
To Be	Fi	rank Shan	abrook				(n	ot avai	lable)			
	19a. Informant's Name/Relationship (7)	ype, Print)	19b.	Mailing Addre	ess (Street	end Numbe	er or Run	al Route Numbe	er, City or Town	Stete, Zip	Code) 21061	
	Cindy Shanabrook	/ daugh	nter 64	114 Jef	ferso	n Pla	ce	Gler	Burnie	e, Ma	ryland	
	20a. Method of Disposition		20b. Placa of	Disposition (f	Vame of	-a1		Date	20c. Location	City or To	own, State	
	1 ☐ Burlal 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			ate Ve		-	4	/10/97	, Maryland			
	21. Signature of Funeral Servica Licans					ss of Facilit	1	Congo F	hinoral	Liomo	DΛ	
		~	1.	22. Name and Address of Facility Gonce Funeral Home P. 4001 Ritchie Highway Baltimore, Md. 212								
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	23a. Pagn. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Approximete Interval Between Onset and Death To ay 5 Due to (or as a consequence of):											
Examiner		. Large V	rolume h	emorhe							10 days	
ше	Sequentially list conditions,	D	Due to (or as a c	onsequence	×4):						P	
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Arteria	1 stump	blower	+						10 days	
lical	Cause (Disease or Injury that Initiated events resulting in death) Last		Due to (or as a co								5.75	
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and		d	771 - 0.107	_						i		
sici	Part II. Other significant conditions con	ntributing to death but	t not resulting in	the underlyln	g cause giv	en in Part I		23b. Dld t	obacco usa co	ntributa to	the cause of death?	
P	Coronary artery di	F.A						10	res 2 No	3 Pro	bebly 4 Unknown	
by	Loronary artery de	sease										
P								24a. Was	an autopsy med?	24b. W	ere autopsy findings allable prior to	
ple								,,,,,,		co	mpletion of cause deeth?	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary artery disease 24a. Was an autopsy performed? 24b. Were autovaliable complete of death. 1 Yes 2 No 1 Yes										Yes 20 No		
Be C	25. Was case referred to medical					26 Place	of Deat	n (Check only o	/		7	
To B	examiner?	Hospital:	nt 2 ER/Out	natient 3	DOA Oth	or:		me 5 Resid		er (Snecii	(v)	
-	27. Manner of Death	28a. Date of Injury	/ 28b. Ti	ime of	28c. Injur Wor			28d. Describe			7/	
to	1 Natural 5 Pending 2 Accident investigation	(Month, Day	rear) In	ijury M		k? Yes 2⊡l	No					
fice	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injur	ry - At home, fan	m, street, fact	ory, office			28f. Location (S	Street and Numi	per or Rura	al Route Number,	
ert	4 Homicide determined	building, efc.	(Specify)					City or Tox	m, State)			
Medical Certification:	29e. Certifier 1 Certifying Physical Check only one)	sician: To the best of nar: On the basis of e end manner state	examination end	death occurre Vor investigeti	ed at the tin	ne, date and pinion, dear	d place, th occurr	and due to the e	cause(s) end m date and piece,	enner es s and due to	teted. o the cause(s)	
Š	29b. Signature and title of cartifier	ond manner state		2	29c. Licens	e number			29d. Date signe	d (Month.	Dey, Year)	
						777			APR (TITLE IN		
	Sperling	Resident Mo			70	117			AIK .	7	/	
	30. Name and address of person who co				CL I		1.4		2.10			
- 1	JSperling MD Dept .	f Surgery 1	0 North	breene	2 Mect	80	nmo	rc, MD.	21201			
e ar	31. Date filed (Month, Day, Year)	guin Var	r's Signature	delle								

State Registrar

APR 14 1997

Physic /Medi Exami

Funeral Director

hin 72 hours after death with the Marylan "natural", or items 23s or 28s-f show idical Examiner must be notified at

21215-0020

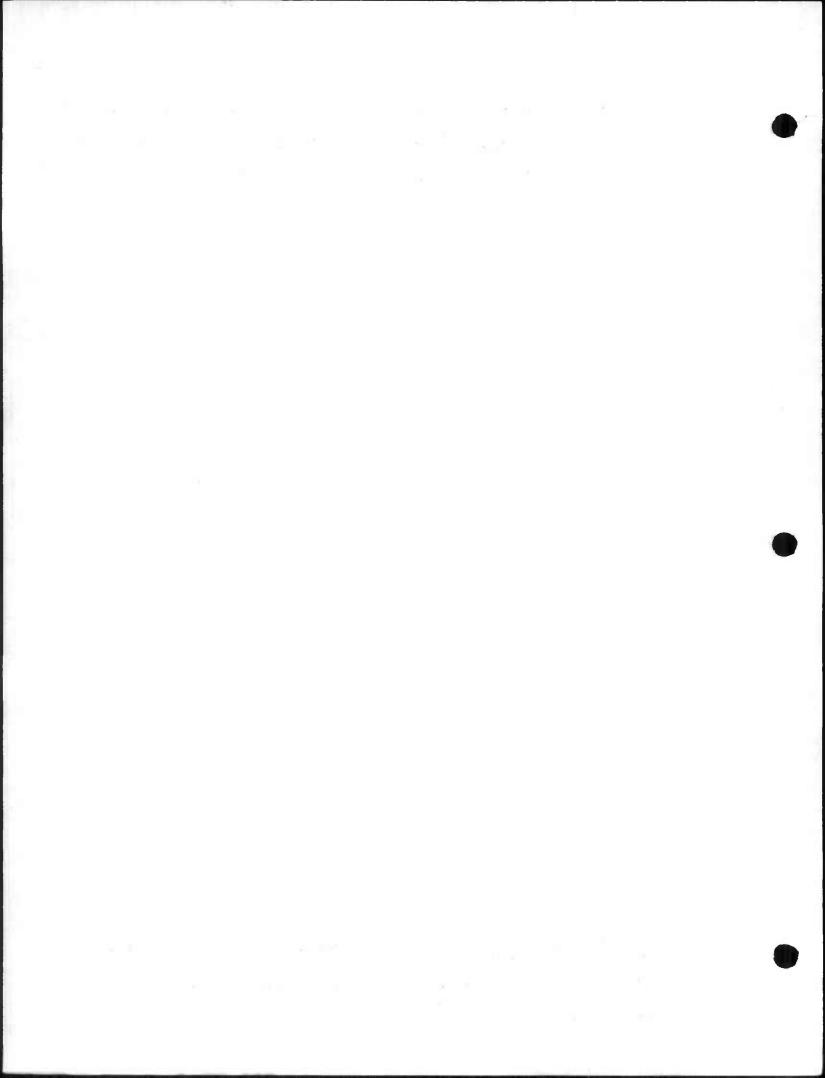
Baltimore, permit. Pages 1 as Department of Hea

> Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be asscuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

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		Certif	icate of D	Death	B	eg. No.			
5 1		1. Decedent's Neme (First, Middle, Last)			2. Date of Deat	h	Vanz	3. Time o	Deeth
Physiciar /Medica		Garnet Virginia Staats			Apr. 9	,1997	Year	6:45	A.M
Examine		4e. Fecility Name (If not institution, give street end number) Meridian-Franklin Woods N. Home	e R	Cossvil	Le	4c. County Balt		9	
Funeral Director			Under 1 Year onths Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Oct. 28	Year) 3,1920	9. Birthpla Country West	t Va	or Foreign
death with the Maryland me 23a or 28a-f show must be notified at		10a. State 10b. County 10c. City, Town or Location	on				100	d. Inside C	
M 56 M	Director	Md. Baltimore Dundaly 10e. Street and Number							2□ No
with a	5		10f. Zip Code			Og. Citizen of V		y7	
w 23a	era	6932 Broening Road 11. Merital Stetus 12. Was Decedent Ever in U.S. 13. Was	21222			U.S.A	America	n Indian	
urs after al', or ite	by Funeral	1 ☐ Never Married 2127 Married 1 ☐ Yes 2 ☐XNo		spanic Origin? (Spi , Mexican, Puerto Specify:	Rican, etc.)	Biac	white, et	tc.	
within 72 hours ene. than "natural" he Medical Ex	Completed	College (1-40r 5+)		tion <i>uring</i> most of works		16b. Kind of Bu			
al Hygie other t	S	12 + 2 Secre		18. Mother's Name		Balti		Cit	y Ho
Aental I	10 26	William Bosley		Ercel F		naiden Suniani	9)		
and Menta and Menta s marked numitic ev	-	-		nd Number or Run		City or Town	State 7in (Code)	
27 is				ad Rd.					
s i and z should be med the aith and Mental Hyg them 27 is marked other other traumatic event,	1	20a. Method of Disposition 20b. Piece of Disposition	on (Name of		Date	20c. Location -	City or Tow	m, Stete	
y or IT		1 □ Removal from State 1 □ Donation 5 □ Other (Specify) Cemetery, cremato 0 a \ Lawn 0			2-97	Balto	. bM.	21	224
permit. Pages 1 a Department of He Important: If Item any injury or othe once.		21. Signature of Poneral Service Licensee 22. Na Brad	ame end Address	of Fecility Shton Fu	neral	Home,	Inc		
	4	212/	1 14 1 1 0	er Cant	Dal wa	Dalla	. , Md	.212	22
		23a Part. Enter the disease, or complication that caused the deeth. Do not enter the shock, or heart failure. List only one cause on each line.	ie mode or dying	, such as cardiac (or respiratory arre	981,		Approximatinterval Bet Onset and	ween
hysician /Medicai		Immediate Cause (Final		0				40	
xaminer		disease or condition resulting in death)	ailor					ront	>
	E C	Due to (or as a consequent	ice of):	V. 1.	nong I	120.11	0	10.	^
ansit	Examine	Sequentielly list conditions. Due to (or es e consequen	readi.	· I Ulimo	rand 1	MICA.) ~	year	
rial-tr		Sequentielly list conditions, If any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	000 017.						
as the burial-transit	200	that initiated events	ce of):						
as th	2	resulting in death) Last	00 0.7.						
d for use as the bur	2172	d					<u> </u>		
od for	200	Part It, Other significant conditions contributing to death but not resulting in the under	riving cause giver	n in Part I.	23b. Did to	bacco use cor	tribute to 1	the cause	of death?
igned by the attendification be detached for use	2	Constant Land	yang saass giro.			s 2□ No	3 Probe		Unknown
pe de	2	Conserve Har Tailore					\mathcal{L}		
been sign should be	2				24a. Was a	n autopsy	24b. Wer	e autopsy labie prior	indings
25					perion	11901	com	pletion of c	ause
ate has page 2	5				1 D Ye	s 2 500	10	Yes 2	No
certificate rector, pa		25. Was case referred to medical		28. Place of Death				1	107
		exeminer? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient	3 DOA Other	~~	me 5□Reside		er (Specify)		
		27. Manper of Deeth 28a. Dete of Injury 28b. Time of	28c. Injury Work		28d. Describe ho				
### P	2			es 2 No					
Is after death. If Director: After the funeration.		3 Suicide 4 Homlcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, building, etc. (Specify)	fectory, office		28f. Location (St. City or Town	reet and Numb n, State)	er or Rural	Route Nun	iber,
in 24 hayrs he Eureral petery filler		29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurrence on the best of my knowledge, death occurrence on the best of my knowledge, death occurrence on the best of my knowledge, death occurrence on the best of my knowledge, death occurrence on the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge, death occurrence of the best of my knowledge of the best of	curred at the time Igetion, in my opi	e, date and placa, inion, death occurr	and due to the ca ed at the time, da	auae(s) and ma ate and piace, s	nner as ste and due to t	ited. the cause(a	a)
NE SEE	E	29b. Signature and little of certifier	29c. License	number	2:	9d. Daté signe	d (Month, D	ay, Year)	
198		Non MN N- 2-	177	39112		4/10/	16-	,	
	-	June 111. 18/10	W)	177	1	1/10/	1)		
		30. Name and address of person who completed cause of data (Item 23a) (Type, Prin	0 6	elds.	2/21	11 1	•		
		31. Date filed (Month, Day, Year) 32. Registrar's Signature	ingu	MAND	11100				
State		31. Date filed (Month, Day, Year) 32. Registrar's Signature	-						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Items: 10f,15,18,19a,20b per state of Mandand / Department of Health and Mental Hygiene Items: 4a, 26, 27 per Physician G-746 4/22/97 Certificate of Death 1. Dacedant's Name (First, Middle, Last) 2. Date of Deeth 3. Tima of Deeth 8 52m Month Dey 03 **Physician** Beatrice Scott /Medical 4a. Facility Name (If not institution, give street and number) LIBERTY MEDICAL CENTER 4b. City, Town, or Location of Deeth Baltimer 4c. County of Deeth Examiner Alice Manor Newsing Baltimore If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Year) 5. Social Sacurity Number 7. Age (In yrs. lest birthday) If Under 1 Yaar Birthplece (State or Foreign Country)
 C 217-20-2699 Months 10 M 20 F 92 Yrs. Director 11-10-05 Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 25a-f show notified at 10d. Inside City Limits BALTIMORE 1 Yes 2 No Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 543 Funeral Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Raca - Amarican Indien, I ☐ Yes 2 No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify: þ Specify: BIACK 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 4 Domestic Maryland 18. Mother's Name (First, Middle, Malden Surnema)

MARY ELIZABETH BANKS

EATRICE Branch 17. Fathar's Name (First, Middla, Last) Be Pages 1 and 2 should be nent of Health and Mental 19e. Informent's Neme/Reletionship (Type, Print) Jr. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GARSTON PA AVE.; BALTO. Md. 21216

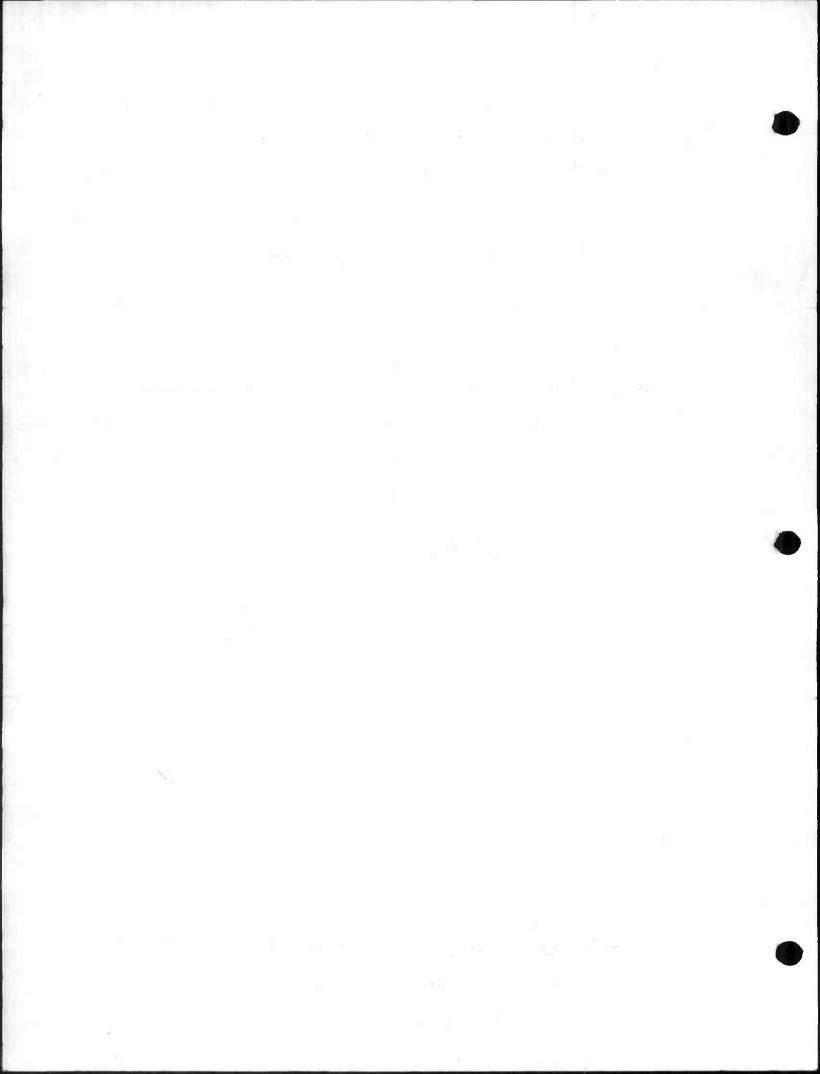
Date | 20c. Location - City or Town, State Son LAURET Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 Bunal 2 □ Cremetion 3 □ Removel from State LOUDON PARK Gen. 4/9/97 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature Funeral Service Licensea 22. Name end Address of Facility Unity Funeral Home 23a. Pert 1. Enter the disease, or complications that caused the defith. Do not anter the mode of dying, such as cardiac or respiretory arrast, shock, or heart feilure. List only one ceuse on each line 21201 **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) gines t Cardio palmonan Examiner Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest P.O. Box 68760, eurent'a physiciar Physician/Medical Due to (or es e consequence of) Part II. Other aignificant conditions contributing to deeth but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings evaileble prior to completion of cause of daath? 24a. Wes an eutopsy performed? certificata 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case raferred to medical exeminer? Be 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Medical Certification: To 1 Yes 2 No Other: 5 Residence 6 Other (Specify) 27. Menner of Deeth 28b. Time of 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred After 1 Neturel 2 Accident 5 Pending death. 1 Yes 2 No Invastigation after death filled in by tha 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completally filled 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.

| Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner stated. 29b, Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D-20146 04-04-97 bevad 28 sug 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) H. Devadoss m. n 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

APR 14 1997





Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

Md.

10d. Inside City Limits

1 ☐ Yes 2 💢 No

8:00 PM

Funeral Director

the Maryland with 72 hours after death

Director

Funeral

þ

7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Medical Examiner must be notified at permit. Pages 1 end 2 should be filed within 7 Depertment of Health and Mentel Hyglene. Important: If them 27 is marked other than "r. any Injury or other traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the Mentel Page 10 of the traumstic event, the traumstic event, the traumstic event

Maryland 21215-0020

Baltimore.

Physician /Medical Examiner

be executed

Box 68760,

P.O.

Records,

Division of Vital

Examiner physician and the bural-trensit Physician/Medical 98 usa signed by the a d be detached f þ Completed certificata Be this Certification: of or Attending Perfect death. Ē

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey Month Year JULIUS CARROLL APRIL 10, TISCHINGER 1997 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE H Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, Year) May 22, 1910 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Deys 17€ M 2 F 216-10-0725 86 Yrs Usuel Residence of Decedent 10e. State 10c. City, Town or Location 10b. County Md. Baltimore Cockeysville 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code USA 21030 100 Warren Road 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes XXNo if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Maritel Status 1 Never Merried 2 Married 1 ☐ Yes YNO Specify: Specify: White XXWidowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Credit Reporter Credit Ratings 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Julius James Tischinger Martha 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 100 Warren Road Cockeysville, Md. 21030 Mrs. Noel Caron 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem.Grds.4/14/97 Cockeysville,Md 22. Name and Address of Facility
Mitchell-Wiedefeld Home, Inc. 21. Signeture of Funeral Service Licensee MITCHELL—WIEGETEL HOME, 6500 York Road Baltimore 6500 York Road Baltimore inck, or heart feilure. List only one ceuse on each line. 6500 York Road Baltimore, Md. 21212 Immediate Cause (Final CEREBRO VASCULAR ACCIDENT LEFT disease or condition resulting in death) Due to (or es e consequence of): MIDDLE CEREBRAL ARTERY

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury

thet initiated events resulting in deeth) Lest

Due to (or es a consequence of): Due to (or es e consequence of):

Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

ATRIAL FIBRILLATION

ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE

24e. Wes an autopsy performed?

1 ☐ Yes 2 XNo 3 ☐ Probably 4 ☐ Unknown

Approximete intervel Between Onset and Death

2 DAYS

24b. Were autopsy findings eveileble prior to completion of cause of death?

26. Piece of Death (Check only one)

1 ☐ Yes 2 No

1 Yes 2 No 27. Menner of Deeth 1 Neturel

2 Accident

3 Sulcide

4 Homicide

25. Wes case referred to medical

5 Pending investigation 6 Could not be determined 28e. Dete of Injury (Month, Dey Year)

1 ☑npatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

29a. Certifier

edicai

to Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the bests of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner steted.

29b. Signeture and title of certifier

melte mo

29c. License number D 41410

29d. Dete signed (Month, Dey, Yeer) APRIL 10, 1997

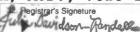
28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

23b. Did tobecco use contribute to the cause of deeth?

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204 JOGINDER P. MEHTA,

31. Dete filed (Month, Day, Year) APR 1 4 1997



State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Year APRIL 7, 1997 homas 06:50 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Under 1 Year | If Under 24 Hrs. Date of Birth (Month, Dey, Year) 06-06-42 5. Sociel Security Number 6 Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) XXM 2□ F Months Deys Hours Yrs. 225-62-3427 54 VA Usuel Rasidance of Decedent 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits NA Baltimore 1 Yes 2 No 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 1702 N. Castle Street 21213 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Reca - American Indien, Bleck, Whita, etc. 11. Maritei Stetus 1 ☐ Never Married 2 🔀 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2KONo Specify: Specify: Black 3 Widowed 4 Divorced 15. Dacedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratirad) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Home Improvement 10th Grade Laborer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Sumeme) Richard Thomas Annie Calvin 19a. Informent's Nema/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, Stete, Zip Code) Vertlee Johnson 1702 N. Castle Street Baltimore, Mdd. 21218 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetary, cremetory or other plece) Dete 20c. Location - City or Town, Stete Warial 2 ☐ Cremetion 3 ☐ Removal from State Voshell Mem. Gardens 04-12-97 Dundalk, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Finerel Service Licens 22. Name end Address of Facility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 21202 23e. Pert1. Enter the disease, or complicator's thet caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Preumonia Two weeks immunaleticiency SIX YEARS Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Causa (Disaase or Injury that initiated events resulting in deeth) Lest Dua to (or es e consequance of) Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown Tract infection 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24a. Wes en eutopsy performed? Anemia Hepatitis 1 ☐ Yes 2 No 25. Wes cese raferred to medical examiner? 26. Piece of Daath (Check only one) Hospital: 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Day Year) Manner of Daath 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined

Examiner requires that the death certificate be executed P.O. Box 68760, the signed by the Records, certificate of Vital Attending Physician: After Division s after death. 20

Examiner Physician/Medical by Completed Be 10

Physician

/Medical

Examiner

Md

Funeral

Director

8

Hygiene.

marked other

Important: If item 27 any injury or other tr

Physician

/Medical

h and Mental h 90

by

Completed

21215-0020

Baltimore, Maryland

Pages 1 and 2 should

4 Homicida

Karl 31. Dete filed (Month, Day, Yeer)

29b. Signature end title of certifier

lilled in by the To the Hospital of within 24 hours all a To the Funeral D completely filled in Medical 29e. Cartifier

> State Registrar



28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Certifying Phyelclen: To tha bast of my knowledge, death occurred et the tima, data end plece, end due to the ceusa(s) and mannar as stated.

Medicel Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et the time, date end place, end due to the ceuse(s) end menner stated.

29c. License number

RES 000

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

30. Neme end eddrass of person who completed causa of daath (Itam 23a) (Type, Print)

000 North Wolfe

32. Begistrer's Signature

Adia Davidson

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

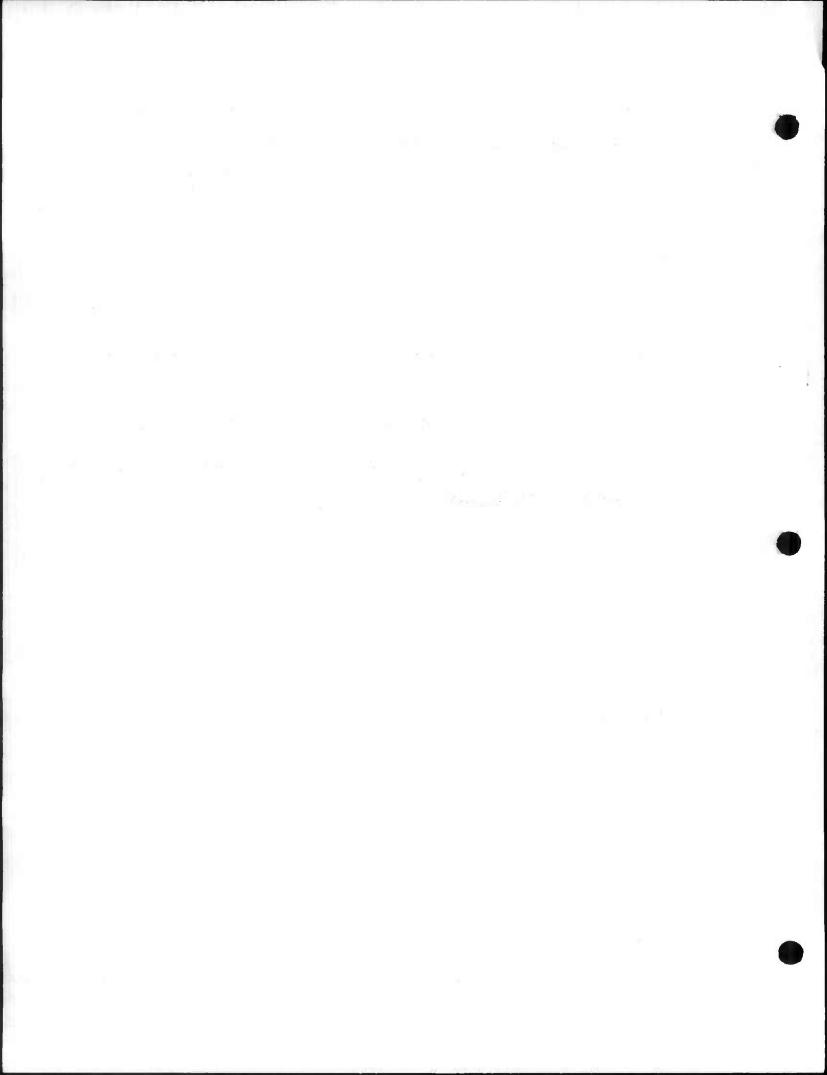
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 11125

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П	Physic /Medi		1. Decedent's Neme			TREME	3 A				Dete of De Month April	Dey 7, 199	Yeer 7	3. Time of Deeth
	Exami		4e. Fecility Neme (If	not institution, gi	ive street end nu	ımber)			4b. City, To		tion of Deetl		y of Deeth	
	LAGIIII	Het	JOHNS HOP	DUTHE DA	VUTEG M	EDICAL	CENTED		RAI	TIMOR	F	N/A		
	E		5. Sociel Security Nu		Sex	T	rs. lest birthday	If Under 1 Yea		24 Hrs. R	Date of Bir	th	0 Right	alese (State or Enreign
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Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 126 Certificate of Death ITEM#5 PER F.H. 4/15/97 FLM#G746 J.A. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death VEITH GLADYS APRIL 17 1997 6:30 AM 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE if Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) Months Deys 1□ M 2₩ F 76 183-12-7964 Usual Residence of Decedent Nov. 14,1920 Pennsylvania 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Essex 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21221 U.S.A. 1000 Franklin Ave. Apt. 1104 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. Yes 2 No f Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☐ No Specify: White 3 Widowed 4 ☐ Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Own Home 12 Housewife 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Clara Acker Enoch Huntsman 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Gregory M. Veith (Son) 2505 Loloa Drive Kingsville, Maryland 21087 20b. Piece of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Holly Hill Mem. Gardens 4/14/1997 Baltimore Co., Md. 22. Neme end Address of Fecility Bruzdzinski Funeral Home P.A. m Duracus 1407 Old Eastern Ave. Essex, Md. 21221 . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, k, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) ravasen Due to (or es e consequence of): non oat all Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Que to (or es e consequence of): Due to (or es e consequence of) Ó 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobaccq.use contribute to the cause of death? 1 Dyes 2 No 3 Probably 4 Unknown DMI 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 Yes 2 JANE 1 ☐ Yes 2 ☐ No 25. Wes case referred to predical 26. Plece of Deeth (Check only one) exeminer

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

PO BUX 452

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)

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Examiner The law requires that the death certificate be executed buriel-trans Box 68760 physician the esn Por P.O. the signed by Records, page 2 should be peed of Vital Confifte

sion Mina P Physician/Medical þ Completed Be 2 27. Menner of Deeth

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28a-f show notfried at

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Peges 1 and 2 should be filed within 72 hours efter center of the feat of Health Hygiene.
Int: If feat 27 is marked other than "natural", or featurally or other traumatic event, Its Medical Exercises.

Department of Important: If any injury or

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Baltimore, Maryland 21215-0020

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Medical Certification: 2 Accident 3 Suicide 4 Homicide 29e. Certifier 29b. Signature and title of certifier

State Registrar

31. Dete filed (Month, Day, Year)

30. Neme end eddress of person who so

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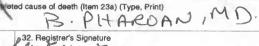
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Investigation

6 Could not be determined

1 Yes

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1 (Inpatient

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28c. Injury et Work?

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1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date end pieca, end due to the ceuse(s) and menner stated.

29c. License number

1 ☐ Yes 2 ☐ No

28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

whie Davidson-Randall

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of l	Death		Reg. No.	'	1112
Physic /Medi Exami	cal	1. Decedent's Name (First, Middle, Last LESTE 4e. Facility Name (If not institution, give	RF. W	Ac	HE	e 4	b. City, Town, or	2. Dete of De Month April	Dey 19	ear 97	3. Time of Death
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un after dea	by Funerai	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 13 Yes 2 □ No It Yes, Give Year or Dates: W • W •				spenic Origin? (S n, Mexican, Puer Specify:	Specify Yes or No rto Rican, etc.)	14. Race - Black, Specify:	White, et	
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this raid	To Be	25. Was case reterred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending investigation	Hospital: 1 ☐ Inpatient 2 [28a. Date of Injury (Month, Day Year)	⊒ ER/Out 28b. T		28c. Injury Work	er: 4 Nursing I		dence 6 Other now Injury occurred		
2 4 4 E	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec					City or Tov			
To the Hospital within 24 hours To the Funeral I completely filled	edicai	29a. Certifier (Check only one)	sician: To the best of my kr nar: On the basis of examinend manner stated.	nowledge, nation and	death occurre Vor investigation	d at the tim on, in my op	e, date and plece pinlon, death occu	e, end due to the urred at the time,	ceuse(s) and mann date and place, and	er as stat d due to ti	ed. ne cause(s)
To the to the total	M	29b. Signature and title of certifier Signature and title of certifier Surgicial	(Mag			9c. License	01110		29d. Date signed ()	Month, De	1997
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1128 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month William H. Wehner 11:30 AM 7, 1997 April 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 2806 Third Avenue Baltimore Millers Island 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign Country) Maryland MIM 20 F 213-01-4381 81 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Millers Island 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2806 Third Avenue 21219 United States 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 XYes 2 No If Yes, Give 1 ☐ Yes 2OXNo Specify: 3 → Widowed 4 □ Divorced WWTT Year or Detes: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cab Driver Transportation 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Wehner Ardie Brown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2806 Third Ave. Millers Island, MD 21219 of Disposition (Name of Dete 20c. Location - City or Town, Stete Joan Greenwell/Daughter 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 1 ♥ Buriei 2 Cremetion 3 Removel from State Holy Rosary Cemetery 4/11/97 4 ☐ Donetion 5 ☐ Other (Specify) Dundalk. Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Home of Dundalk, Inc. 1 Ged 7922 Wise Ave. Dundalk, Maryland 23a Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting in deeth) CardioRespiratory Metastatic Colon Cancer Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No 24b. Were eutopsy findings evelleble prior to 24e. Was en eutopsy performed? completion of ceuse of death? 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29e. Certifier (Check only one) 29b. Signeture and sitle of certifier ARIF HUSSAIN, MD 29c. License number 29d. Dete signed (Month, Dey, Yeer)

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or Attending Physician:

Physician

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Director

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altimore, Maryland 2121

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Division of Vital Records, P.O. Box 68760.

Director

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S. GREENE 31. Dete filed (Month, Day, Year) State APR 1 4 199

32. Registrer's Signature Shia Davidson

Associate Professor

h 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Baltmore MA

D 33759

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ent's Name (First, Middle Limit 2. Dete of Deeth 3. Time of Deeth **Physician** Menth 4a. Facility Neme (If not institution, give streat and number) /Medical 4b. City, Town, or Location of Daeth 5. Social Security Number Examiner Tox 11 mor 24 Hrs. 8. D 7. Age (In yrs. lest birthday) 6. Sex **Funerai** 100M 20 F Days Hours 215-10-8920 Usual Residence of Decedent Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: if them 27 is marked other than "natural". or have not other trainment. 10a State 10b. County 10d. Insida City Limits 1 PYas 2 No Directo 10a. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yas, 2 ☐ No If Yas, Give Yeer or Detes: WW ☐ 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece -Americen Indian, Black, White, etc 1 Naver Marriad 2 Married 1 Yas 2 No by 3 ☐ Widowed 4 ☐ Divorced merican Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest gi de completed) Elementary/Secondary (0-12) College (1-4or 5+) 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be rnes1 19e. Informant's Name/Reletionship (Type, Print) (11) 19b. Mailing Address (Street end Numbar or Rurel Route Number, City or Town, State, Zip Code) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Buriel 2 Cremation 3 Removal from State son Forestval 4 ☐ Donetion 5 ☐ Other (Spacify) 21 Squature of Funeral Service Licenses 054 2232 Norl seese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respireto Approximeta intervel Between Onsat and Deeth **Physician** /Medical immediate Ceusa (Final disaese or condition resulting In death) **Examiner** Physician/Medical Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, laading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Lest Due to (or es e consequence of): P.O. Box 68760. physicien the Due to (or as a consequenca of): 88 ettending for use as ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? signed by a 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by page 2 should 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy parformed? 1 Yes ZIC No 1 ☐ Yas 2 ☐ No of Vital 25. Wes case referred to medicel exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 Yes Home 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this the funeral 27. Menger of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After vision 5 Pending Invastigation 14 Neturel death. 1 Tyes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicida in by t 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital
within 24 hours a
To the Funeral C Medical 29a. Certifler 1 Certifying Phyeicien: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and dua to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of cartifier 29d. Date signed (Month, Dev. Year) 30. Here 2000 Willous 31. Date filed (Mooth State Registrar who Davidson DHMH 16 Rev 6/95

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Physic	ian	Decedant's Nema JOANN			f per M WORSLI	EY				-		2. Data of Deat Month	Day	Yaar		of Death
/Medi Exami		4a. Fecility Nema (fi								4	b. City, Town, or L BALTIM(6 , 19	997 y of Death NA	6:	38 PM
Funeral Director		5. Social Security N 215-74-		6. Sa	ax □M 2∏ F		(In yrs. last birt		If Under 1	Yaar Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, 07-3	Yaar) 0-61	9. Birthp	niece (Stantry) Md	ta or Foreign
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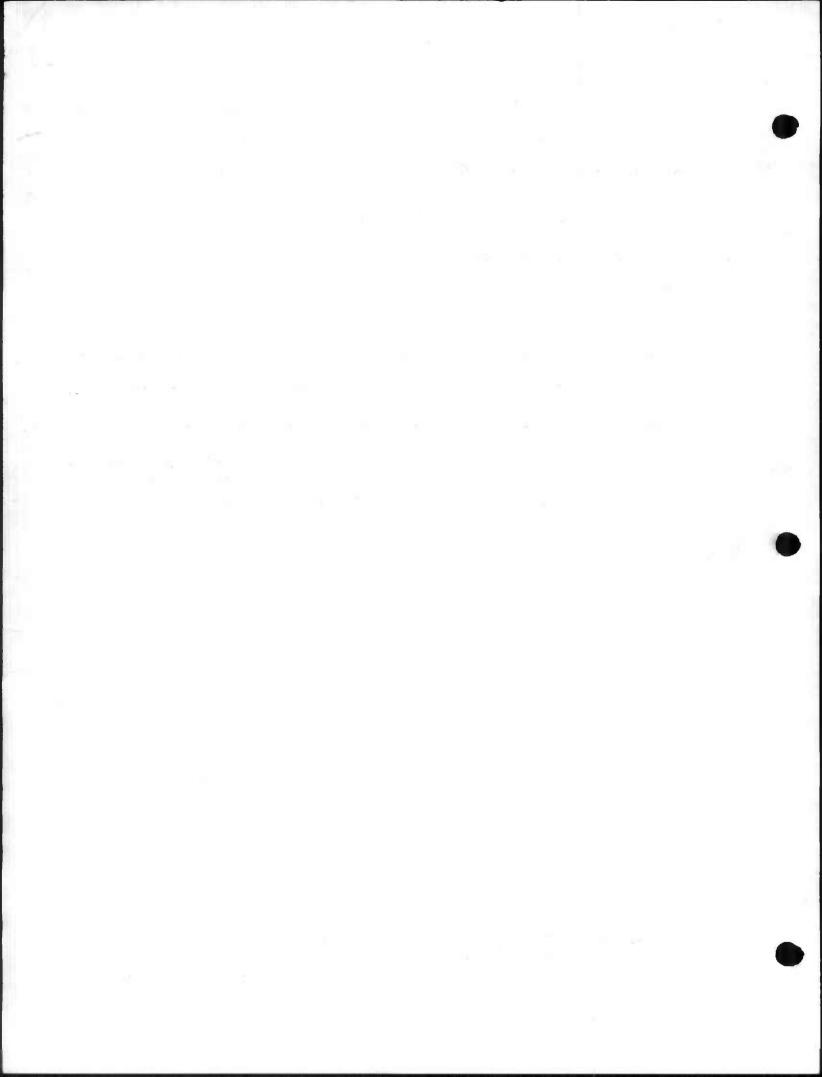
State Registrar

29b. Signature end titla of mrtifia

30. Nama and addrass of parson who compiated causa of death (Item 21) (Type, Print)
Penn Street, Baltimore, Maryland 21201 Registrar's Signatura andson-Randall

29c. License number O . C . M . E

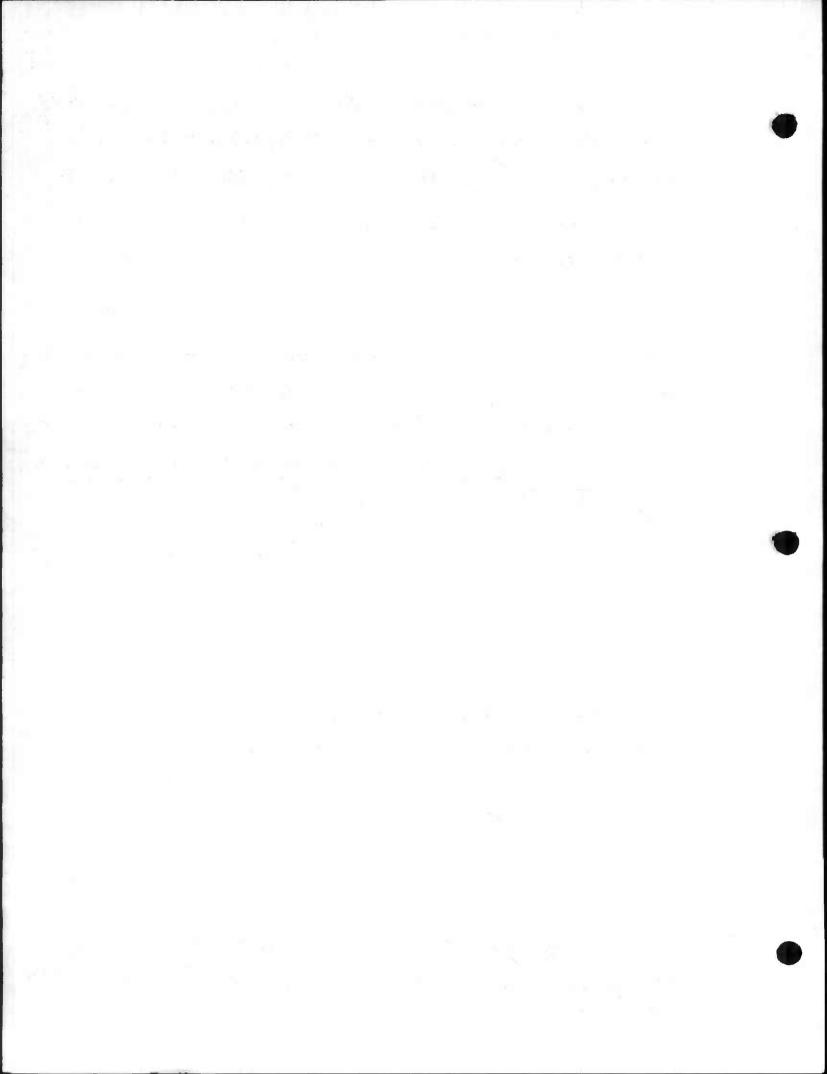
29d. Date signed (Month, Dey, Year) APRIL 7, 1997



State of Maryland / Department of Health and Mental Hygiene

						Certifica	te of Death		Reg. No.	, ,	11131
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	/Medi		PERTH	- WA	con			Apri	- 11, 1	997	6 TS
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	Funeral Director			□ M 2 🕶 🕇	94						eca (Stata or Foreign ry) ginia
	ylenc		10a. Stata 10b. County		10c. City, Tow	n or Location				10	d. Inside City Limits
	e Ma	Director	MD n/a		Ba1	timore					1 Yas 2 No
	章 9g 2g	Dire	10e. Street and Number			10f. Zi	p Code		10g. Citizan of V	Whet Countr	y?
	ath w	rai	503 North Calhour				21217			USA	
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<u>yla</u>	should band Mente	10	Amos Scott	Mar	tha Carter						
Maryland	C1 W W B		19a. Informant's Name/Ralationship (7	Type, Print) grap	dught er	. Mailing Addras	s (Straat and Numb	er or Rural Routa Num	bar, City or Town,	State, Zip (2oda)
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Baltimore,	S		20a. Mathod of Disposition 1 X Burial 2 □ Cramation 3 □	Removal from State	20b. Placa o camete	f Disposition (Na ry, cramatory or	ma of othar placa)	Data	20c. Location -	City or Tow	m, Stata
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			23s. Part LEnter the disease, or come shops, or heart failure. List only	meations that caused	the death. Do	not entar tha mo	da of dying, such es	cardiac or raspiratory	arrast,	1 7	Approximata Interval Between
8	Physician	-		a safe a sasa	00						Onsat and Daeth
	/Medicai Examiner		Immadine Ceuse (Final disaase or condition	Ante	niose	lonote	& CARD	OVAS Quel.	An Dise	455	YEARS
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38	a le le	edicai C	29a. Cartifiar (Check only one) 1 Sertifying Phy	Inar: On tha basis of	examination en	, daath occurred d/or Invastigation	at tha time, data an n, In my opinion, dea	nd placa, and dua to the	a cause(s) end me o, deta and placa,	nner as ste and due to t	ted.
190	to the Hos Marin 24 h To the Fun completely	Me	29b. Signature and titla of certifier	and manner sta	100.	29	c. License number		29d. Date signe	d (Month. D	ay, Yaar)
-	F-3 F- 0		(16	· R	med			2_			
			30. Name and address of person who c	ompleted the control	eth (Item 23e)	(Type Print)			44-	1	0
			ONLANDO B	CONTRACTOR	s res	(1) po, Filil)	MUNALIC	ZAW NOST	ned spi	2-11	1997 Con ton 33
	Sta	ite	31. Data filed (Month, Day, Yeer)	Lega Jacque	r's Signature	00	DITICS		ac.		

DHMH 16 Rev 6/95



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 1997 Month Yeer Linnea Theresa Woolf March 10, 8:50 a.m. 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 5. Sociel Security Number NURSING HONGE MONTEOMER PRINO If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex 9. Birthplece (State or Foreign 7. Age (In yrs. last birthday) Deys Hours 10M 2DF Yrs. 120-18-790 05-20-23 Usuel Residence of Decedent 10b . County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Gof. Zip Code out and Number 10g. Citizen of Whet Country? 13. Was Decedent of Historic Origin? (Specify Yes or No-If Yes, specify Cubar, Mexican, Puerto Rican, etc.) ANE UNITED STATES 11. Marital Status 12. Wes Decedent Ever in Una Armed Forces? Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1 Yes 2 No Specify CAUCES INN 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) DOGS NIT College (1-4or 5+) Elementary/Secondary (0-12) 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sui AVAILAPOLE WAKNO NOT 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route John (Physicion 79646corgia Huonue 200. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, prematory or other place) Dete 2065 1 ☐ Burjar 2 ☐ Cremetion 3 ☐ Removel from State TATEL + MATOMY DOAGO 4 Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Joseph B Van 22. Neme end Address of Fecility Sant State Anatomy Board, 655 W. Baltimore, Maryland, 21201 Baltimore Street Baltimore, Máryland 21201 Part. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final MONTHS disease or condition resulting in death) MARIAN Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to n of cause

Physician /Medical Examiner

pug

2 signed by 5 be detact

peed

certificate

After this

Attending Physician:

To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Al

page 2 2

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Completed

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2

Medical Certification:

25. Wa

1[

3 Suicide

4 D Homicide

29b. Signature and title of certifier

Division of Vital Records. P.O. Box 68760

Physician

/Medical

10a

10e. Š

Director

Funeral

þ

Completed

Examiner

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after comportant of health and Mental Hygiene.

Important: If tem 27 is marked other than "naturel", or iten any injury or other traumetic event, the Medical Examines

Baltimore, Maryland 21215-0020

with the Maryland

death

Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Physician/Medical initiated events.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

213 No

28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

s case	referred tomedical		26. Place of Check only one)												
Yes	283 No	Hospital: 1 ☐ Inpatient	2 EP/Outpatient	3 DOA	Other:	Nursing Home	5 Residence	6 Other (Specify)							

er of Death 26a. Date of Injury (Month, Day Year) Natural 2 Accident 5 ☐ Pending investigation

6 Could not be

28b. Time of 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

2Bc, Injury at Work? 1 ☐ Yes 2 ☐ No

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

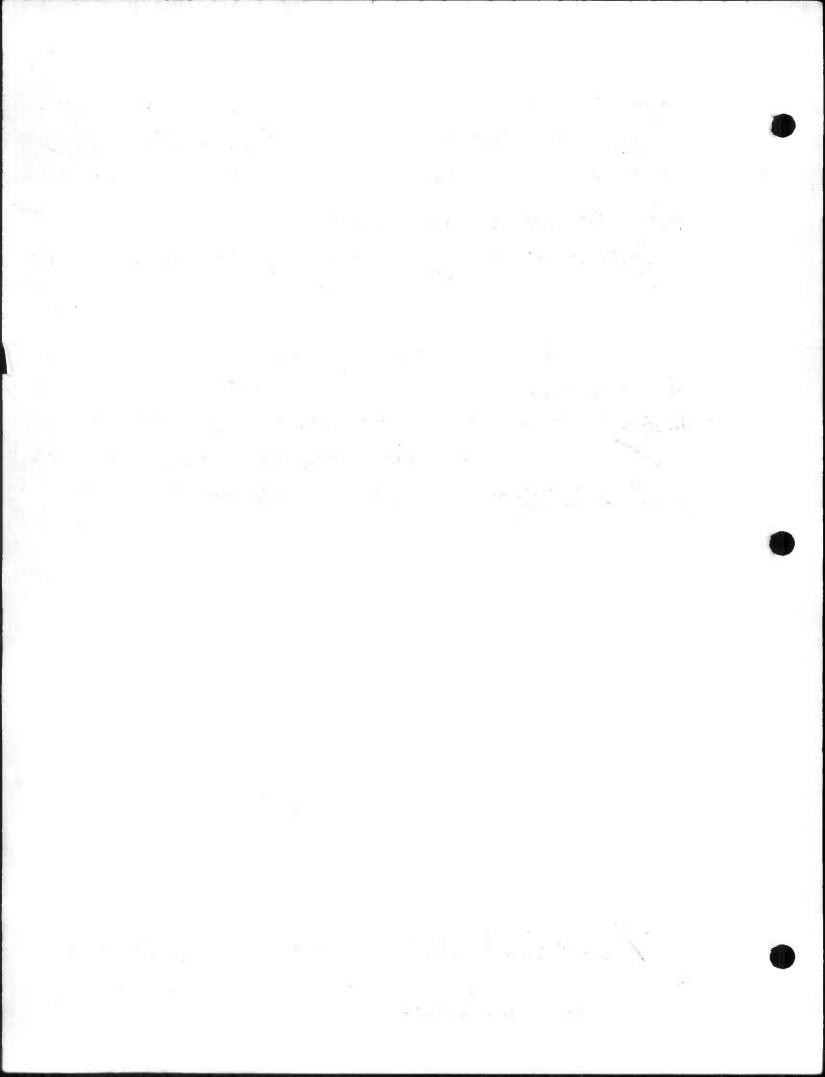
29c. License number

29d. Dete signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

7904 GEORGIAAUE OLNEY HD 2083 2 DOOLEY THEMAS HD. Registrar's Signature 31. Dete filed (Month, Day, Year) APR 1 4 1997

State Registrar



lincess

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey 31,1457 ALLEN MARCH 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 7. Age (In yrs. lest birthday) 8 2 Yrs. If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 9. Birthplece (State or Foreign Country) A 1 8. Dete of Birth (Month, Dey, Yeer) 219-07-7199 1 M 2 5 F Deys 01-27-1 10c. City, Town or Location 10d. Inside City Limits

1 Yes 2 No

MU 21853

UD 21853 Approximete Intervel Between Onset end Deeth

1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

ARU

Omeiset

10a. State

10e. Street end Number

Funeral Director

with the Maryland 28a-f show the Medical Examiner must be notified at or items 23a or filed within 72 hours efter "natural"

Funeral Director 10g. Citizen of Whet Country? 10f. Zip Code 1853 nolls 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decadent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck White etc. 11. Marital Stafus Bleck. 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by 3 Widowed 4 □ Divorced Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NQT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene Important: If item 27 is marked other than any injury or other traumatic event. the Market Inter Marke Elementery/Secondary (0-12) College (1-4or 5+) Waborer 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be illie Milbourse tddie ၉ 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 30010 ST. James Way Plincess Jones Nephen 20b. Placa of Disposition (Neme of cametery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremation 3 □ Removal from State 4-5-97 Orace United Methodist Com. lincess Anne MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Juneral Service Licensee A. Neme end Address of Fecility Funcial E. Ward 23a. ent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellurs. List only one ceuse on each line. **Physician** Heart Reserve Immediete Cause (Finel diseese or condition resulting In death) /Medical **Examiner** Physician/Medical Examiner The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed certificate or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home Hospitel ဥ 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) this 28c. Injury et Work? 27. Menner of Deeth Certification: 28d. Describe how Injury occurred After t 5 Pending Investigation 1 ENaturel within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 Yes 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medicai 29a. Certifier (Check only one) the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dev, Yeer) 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) / 05

32. Registrar's Signeture

In Structure Redall

State

Registrar

Nr. L. M. Evangeliste

31. Dete filed (Month, Dey, Year)

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Approximate interval Between

Onaet and Death

16 months

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P.O. BOX 68760,	
RECORDS, P.(
OF VITAL	
DIVISION	

31. DATE FILED (Month, Day

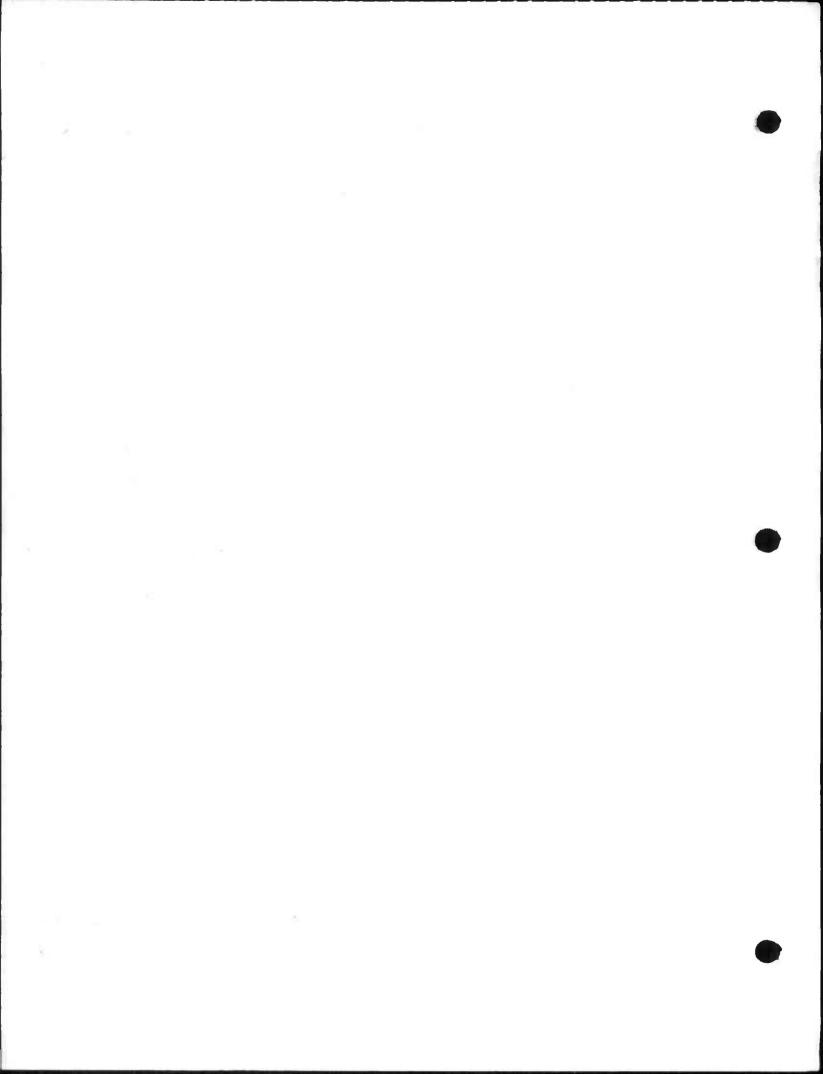
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ASCHEMELER JAMES 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 48 1 M 2 🗆 F 9278 216 DAYS HOURS MIN. YRS 7-30-1948 FLORDIA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 굽 MD ANNE ARUNDEL 1 TYES 2 7 NO GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. It director, page 5 should be detached for use as the burial-transit: 414 WARLOCK COURT 21061 S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. **ORE, MARYLAND 21215-0020** FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married Specify: WHITE 1 TES 2 NO BY Specify: 3 Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 YRS YRS INDUSTRIAL ENGINEER NORTHROP GRUMMAN notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE BRADLEY FOXWELL ASCHEMETER ANNE CELISTIAN HANCOCK 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LESLIE ELLEN ASCHEMETER WENTWORTH DR CROFTON MD pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) medical examiner must cemetery, crematory or other place/CHESAPEAKE 4-4-d BELTSVILLE, MD. CREMATORY 4. 21. SIGNATURE OF FUNERAL SERVICE LICENSES the funeral 24 hours after death. SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE 23. PART LEnter the divesses, or complications that caused the de-shock, or heart failure. List only one cause on each line. ea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, filled in by **IMMEDIATE CAUSE (Finei** the PANCREATIC CANCER diseese or condition METASTATIC een signed by the attending physician and completely of Health and Mental Hygiene prior to burial, crematii reaulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) law requires that the death certificate be executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? s certificate has been si th the State Dept. of He d, or item 23 show 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with t 28b. TIME DE 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO death v DIRECTOR; After the hours after death BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. THE FUNERAL DI filed within 72 ho RPORTANT: If its TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beels of exem nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

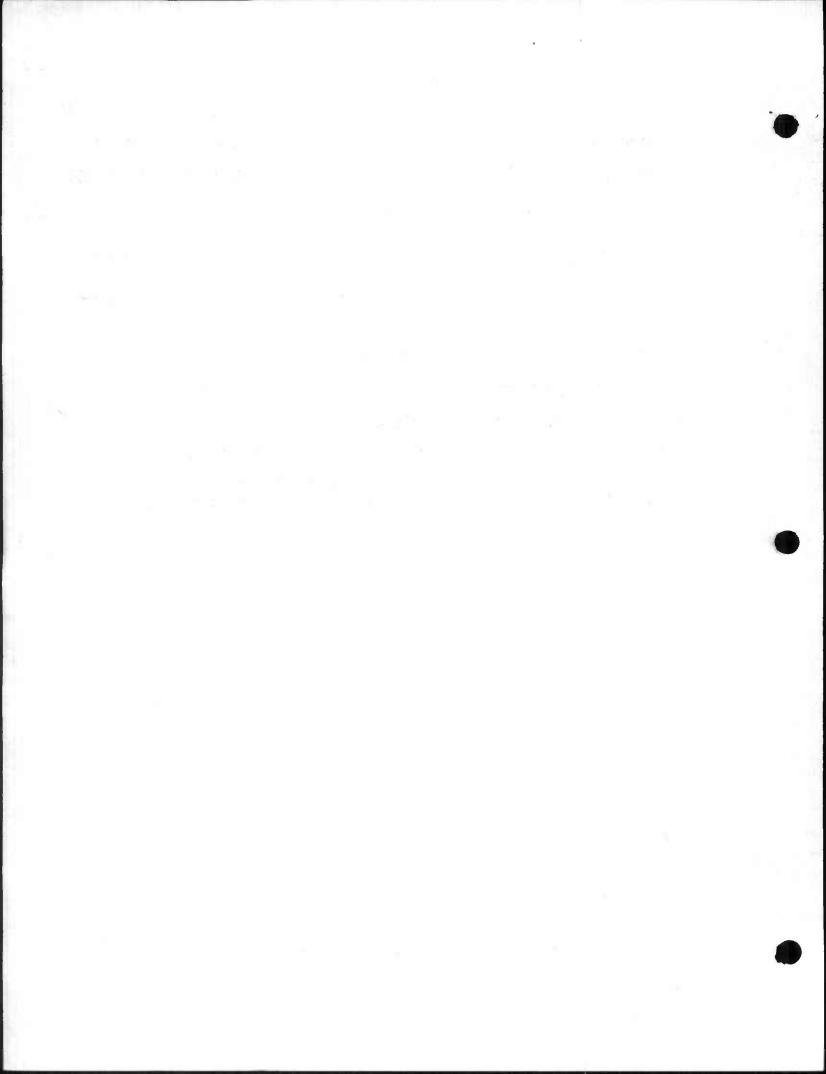
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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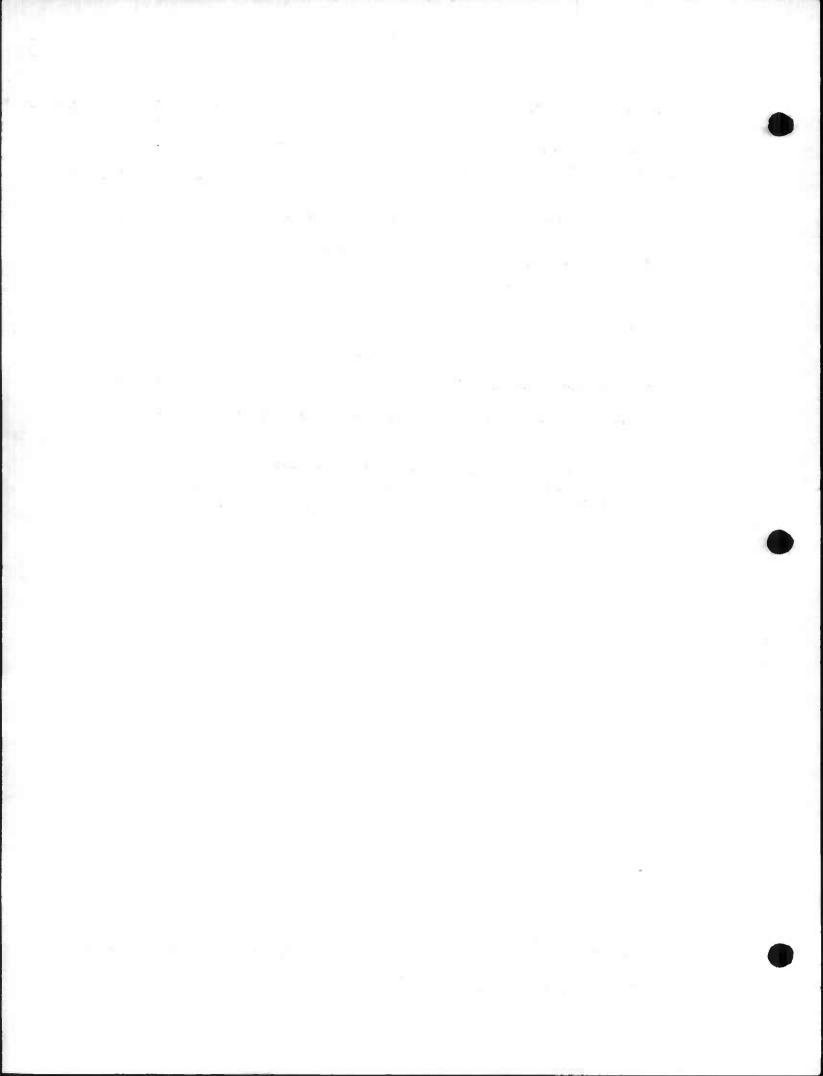


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Daithinor	permit. Pages 1 end 2 Department of Health e Important: If Itam 27 Is eny Injury or other tra		21. Signature of Fu	unaral Sarvice I	icensaa /	6	3 /	22. M	Nama and Ad	ldras	s of Facility BARBER	FUNEDAL	ном				
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3	offer Ofre din b	Certification:	4 Homicide	datarmi	nad b	ouilding, a	atc. (Spacify)	,				City or T	own, State	9)			
	To the Hospital or Attending Physicien: The law requires that the death within 24 buous effer death. within 24 buous effer death. completely filled in by the funeral director, page 2 should be detached for completely filled in by the funeral director, page 2 should be detached for	edicai C										nnar as state and dua to th	id. a ceusa(s)				
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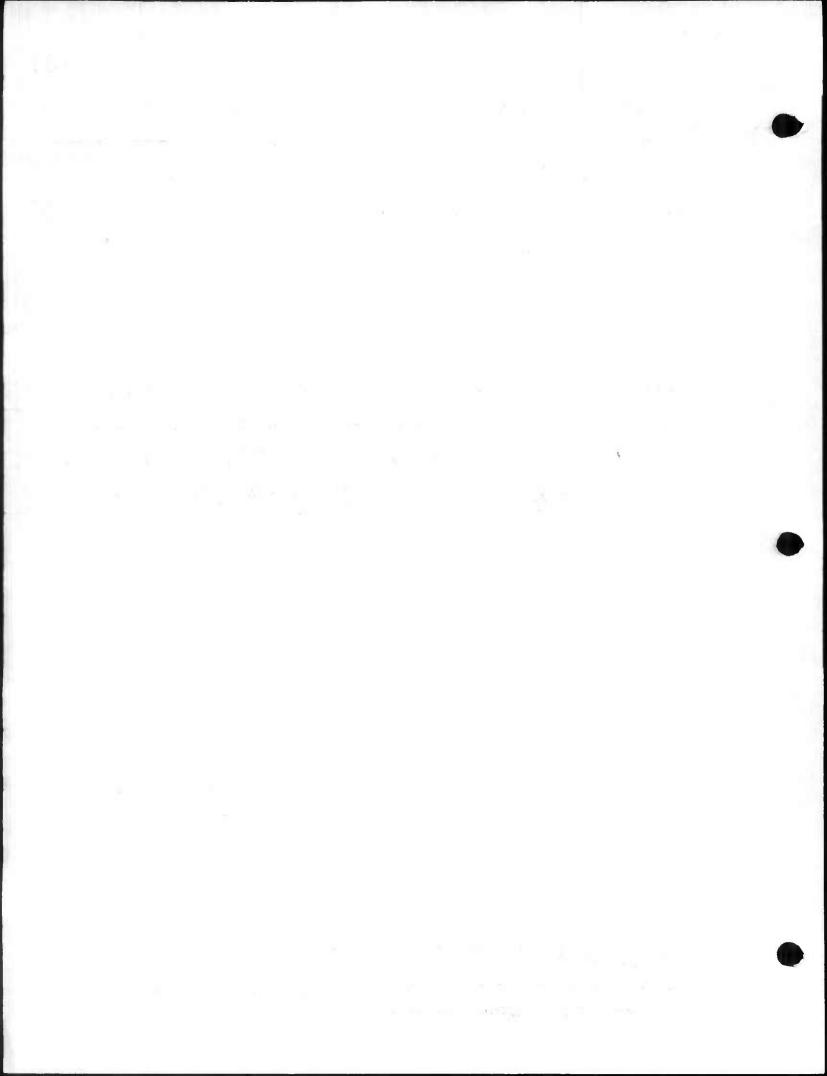
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death		eg. No.		100
п	Physici	an	1. Decedent's Name (First, Middle, Last)	2. Data of Deet		687	Time of the
J	/Medi	cal	Tyree James Bolden		-		3:00 PM
1	Examir	ner	4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Li		4c. County of		
Н	Funeral		5. Sociel Security Number 6. Sax 7. Aga (In yrs. lest birthday) If Undar 1 Yaar If Under 24 Hrs.		Dorche		Stata or Foreign
9	Director		220 -26 - 2982 1⊠ M 2□ F 70 Yrs. Months Deys Hours Min. Usuel Residence of Decedent	8. Dete of Birth (Month, Dey, Mar. 4,	1927	Country) Maryla	Stata or Foreign
	yland		10e. Stete 10b. County 10c. City, Town or Location			10d. In	side City Limits
	e Ma	ctor	Maryland Dorchester 5821 Bethel Rd., Rhodesdal	le,Maryla	and 2165	9 11	□Yes 2⊠No
	ter death with the Marylan Kems 23a or 28a-1 show Inst. mast be not find at	al Director		10	0g. Citizen of Wha	at Country?	
020	72 hours after death with the Maryland "naturel", or Neme 23s or 28s-f show idical Examinet must be notified at	by Funeral	3 ☐ Widowed 4 ☐ Divorced Yaar or Detes:	pecify Yes or No- Rican, atc.)	Black,	American Inc White, etc. Black	dian,
5-0	thin 72 ho e. e. natur Medical	eted	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of work	cina	16b. Kind of Busin	ness/Industry	
21215-0020	d within glene. r than	Completed	(Specify only highest grade completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) 7 th (Give kind of work done during most of work life. DO NOT use retired) Laborer		Townsend	Poult	ry
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Maryland	Men Men arke	Lo	vernon benjamin borden, br			_	
90	CENL		19e. Informent's Neme/Reletionship (Type, Print) Catherine B. Lewis/ Sister 19b. Mailing Address (Street and Number or Run 5821 Bethel Rd., Rho	odesdale	, Md. 21	ale, Zio Code 659)
altimore	permit. Pages 1 and Department of Healt Important: If Item 27 any Injury or other 1 900.08.		20e. Method of Disposition 1		20c. Location - Cit Beulah,		tete
Balti	Departm Importa any Inju		21. Signeture of Funaral Savice Licenses 22. Nama and Addrass of Fecility Bennie Smith Funer		beulan,	TIQ.	
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Vital		Be	25. Was case raferred to medical examiner?	h (Check only of	6)		
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Division of	after death. Director: After	licat	2 Accident Investigation M 1 Yes 2 No 3 Suicide 8 Could not be determined 28e. Piece of Injury - At home, ferm, street, factory, office	28f. Location (Str	reet and Number	or Bural Bout	e Number
<u>S</u>	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	4 Homicide determined determined building, etc. (Specify)	City or Town			e ivumber,
	To the Hospital within 24 hours a To the Funeral Completaly filled	edicai	29e. Certifler (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, the design of examinetion and/or investigation, in my opinion, deeth occurred examinetion and/or investigation, in my opinion, deeth occurred examinetion and/or investigation, in my opinion, deeth occurred examinetion and/or investigation.	and due to the ce red et the time, de	use(s) end menne ite end plece, and	er as steted. I due to the c	ause(s)
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			VLOIS L. Nar DO. 215 Bloundal An	ve. Fed	, mb	216	32
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Exami	ner	4e. Fecility Neme (If not institution 24400 BARTLE		umber) S.I	<i>N</i> .			b. City, Town, or BARTON	Location of Dee	th 4c Count Har	y of Deeth 99,728,1997
Funeral Director		5. Sociel Security Number 217-86-2518 Usuel Residence of Decedent	6. Sex 1½ M 2□ F	7. Age (in yrs. 36	lest birthday) Yrs.	If Under Months	1 Year Deys	if Under 24 Hrs Hours Min			9. Birthplace (State or Fo Country) Maryland
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23a or 28a-f shoust be notified at	Funeral Director	10e. Street end Number 24400 Bartle	tt Run I	Road		10f. Zip	Code			10g. Citizen of USA	Whet Country?
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State of Maryland / Department of Health and Mental Hygiene

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Physician	
/Medical	
Examiner	

Funeral Director the Maryland r 28a-f show 10e. State Director r than "natural", or items 23a or the Modical Expression must be Funerai 72 hours efter "natural", or Maryland 21215-0020 þ Completed oe filed within 7 (al Hygiene. d 2 should be fi Be is marked permit. Pages 1 and 2.
Department of Health at Important: If Item 27 is any injury or other trau Baltimore, **Physician** /Medical Examiner Examiner buriel-transit and physician the buriel Box 68760 Physician/Medical Division of Vital Records, P.O. signed by t by Completed peen hes certificate i or Attending Physician: effer death. Director: After this certifica Be P funeral Certification: in by within 24 hours a To the Funerel C Hospital Medical To the 29b. Signato 12

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year ROXANNE ELLIOTT **BEVANS** March28, 1997 0800a 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 118 W. Mechanic Street FROSTBURG ALLEGANY If Under 1 Year If Under 24 Hrs. 5. Social Securify Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 8. Date of Birth (Month, Day, Year) 1□ M 2□XF Days Hours Yrs 215 82 9554 34 JULY 10,1962 MARYLAND Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No MARYLAND ALLEGANY FROSTBURG 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 118 W. MECHANIC STREET 21532 U.S. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 💢 Married 1 ☐ Yes 2 No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5+ HOSPITAL NURSE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) FRANCIS W. ELLIOTT CAROLEE MACKAY 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CAROLEE ELLIOTT/MOTHER 80 W. MECHANIC ST., FROSTBURG, MD 21532 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) SUNSET MEMORIAL PARK 4/1/97 CUMBERLAND, MD 21502 22. Name and Address of Facility
SOWERS FUNERAL HOME, P.A. wers 60 W. MAIN ST., FROSTBURG, MD 21532 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) , Then ubtion Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Yes 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) YYes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Yeer) 27. Menner of Deeth 28d. Describe how injury occurred 28c. Injury et Work? 28b. Time of 1 Netural 5 Pending 1 Yes investigation esololo 2 Accident 6 Could not be determined Suicide (Street and own, Steta) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Flomicide Howe 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifies k only **Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. March 29,1997 dress of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Day **Physician** Month Yeer 1, 1997 William Joseph Baumiller 0415 A.M. APRIL /Medical 4a. Fecility Neme (If not institution, give street end number) 4b City Town, or Location of Death 4c. County of Deeth Examiner Allegany Cumberland Sacred Heart Hospital If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6 Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 150 M 2□ F Months 97 Yrs. 1899 Director Aug. 10, Maryland 705-10-9993 the Marylend 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at Cumberland Allegany MD Director 1 Yes 2 X No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 21502 USA 16116 Orchard Mews Dr., SW Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Year or Detes: Itams : Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. "natural", or Itam ledical Examiner filed within 72 hours efter 1 Never Married 2 Married Specify White 21215-0020 1 Yes 2 XNo Specify: Completed by 3X Widowed 4 Divorced the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Rail Road Superintendent .. Pages 1 and 2 should be filed w tment of Health end Mental Hygien tant: If Item 27 is marked other ti jury or other traumatic event, In 4 Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Carrie (Pope) Joseph Baumiller 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 14701 Viewcrest Rd., SW Cumberland, MD 21502 19e. Informent's Name/Reletionship (Type, Print) John C. Baumiller 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from Stete. Department Inportant: If any injury or once. Smithsburg Crematorium 4/01/97 Smithsburg, MD 4 Donetion 5 Qher (Specify) of Fund 21. Signature 22. Name end Address of Facility Kight Funeral Home 309-311 Decatur St., Cumberland, MD 21502 23a. Pert1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each ine. Approximate Interval Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medicai ACUTE RONAL FAILURE THREE DAYS Examiner Due to (or es e consequence of): Examiner unknown BILATERAL ASPIRATION PNEUMONIA The law requires that the death certificete be executed the buriel-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, physician Physician/Medical Due to (or es e consequence of): 98 for use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ned by 1 Yes 2 No 3 Probably 4 Unknown Records, Ped Ped by 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 25 No 1) Inpatient 2 ER/Outpetient 3 DOA nours efter death. nerei Director: After this of filled in by the funeral di this 27. Manner of Death Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Neturel 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours er Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end placa, end due to the cause(s) end menner stated. 29a. Certifier Medicai

29c. License number

29d. Date signed (Month, Day, Year)

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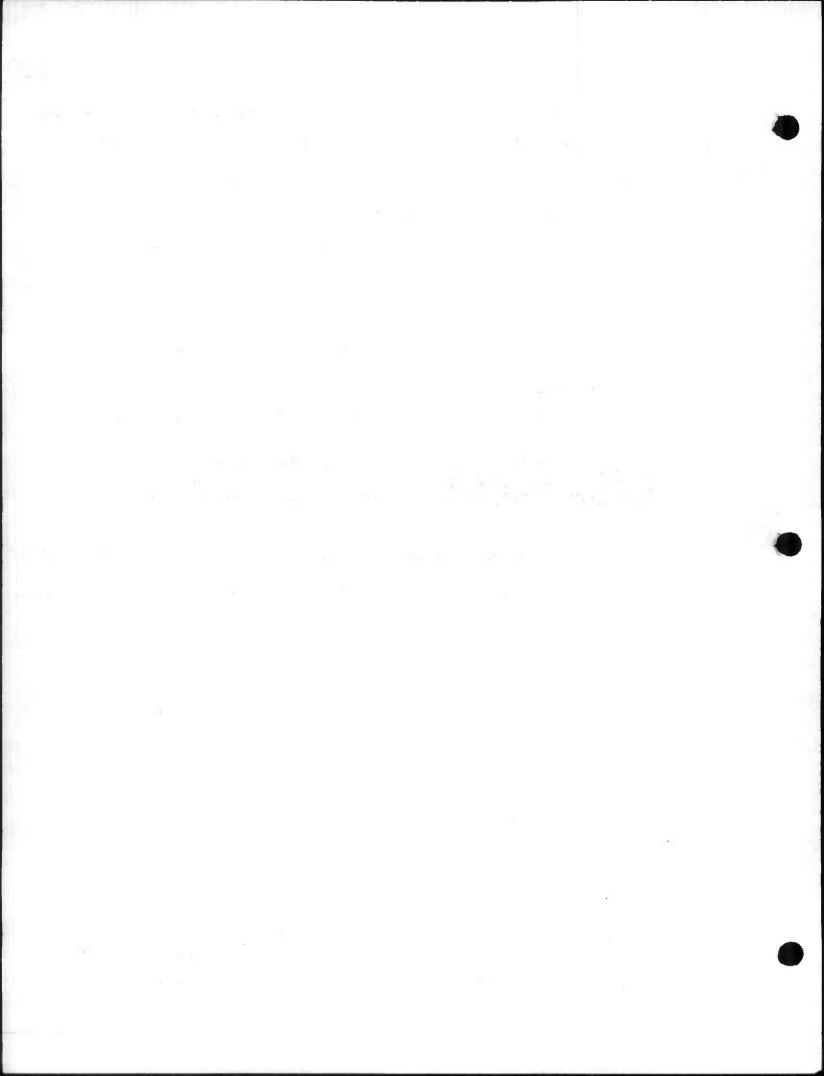
State Registrar

(Check only one)

29b. Signature and alle obsertifier

1068 NATIONAL HIGHWAY LAVALE, MD HMES R-MOEN, MO 82. Legistrar's Sig Ature

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death BRADLEY **Physician** Month FRED THOMAS MARCH 1997 27 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO | Months | Deys | Hours | Min. | 8. Date of Birth (Month, Day, Year) | 0 4 / 1 2 / 1 5 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10XM 2□ F 220-01-3887 81 Yrs. Director Maryland Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner oxust be notified at MD Wicomico Mardela Springs Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 11531 Riverton Wharf Road 21837 United States Nerms 23a Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Yeer or Dates: 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: White by 3 Widowed 4 Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", eny fluiry or other traumatic event, in a Medical Exa eny fluiry or other traumatic event, in a Medical Exa eny fluiry or other traumatic event, in a Medical Exa Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Construction Building Contractor 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Wilson Bradley Florence Flatcher 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert D. Bradley/Son 11527 Riverton Wharf Rd., Mardela Springs 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriai 2 Cremation 3 Removal from State 4/1/97 Riverton, Maryland Riverton Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Framptom-Hawkins-Eskow Funeral Home PO Box 43, Federal sburg, MD 21632 21. Signature of Funeral Service Licensee Muhail 7. askur 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediate Ceuse (Finel Congeetive tream diseese or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner Cenongry Arrenn al or Attending Physician: The law requires that the death certificate be executed after death.

I Director: After this cartificate hes been signed by the attending physician and 1 bit the the bushed by the detection physician and 10 by the turnerial director, page 2 should be deteched for use as the burlet-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Atheroscherosis Division of Vital Records, P.O. Box 68760, Ceronam Physician/Medical Due to (or es a consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Amal 176n Huhin 1 Yes 2 No 3 Probably 4 Unknown 9 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Completed espl). 24a. Was en autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes 2□ No 1☑Inpatient 2☐ER/Outpetient 3☐ DOA Certification: To 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide To the Hospital of within 24 hours at To the Funerel D completaly filled in Tertifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) and menner es steted.

2 Medicaf Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and piece, end due to the cause(s) end menner stated. Medical 29e, Certifier (Check only one) 29b. Signature and this phoentifier 29c. License number 29d. Date signed (Month, Day, Year) Wb D25036 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 614 Easteln share Drive, SALISISMY M.D. 32. Registrerie Signeture

Sine Davidson-Randale 31. Date filed (Month, Bay, State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 03 **JOHN** BOSTON 97 2359 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 6. Sex 1**X** M 2□ F 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country) **Funeral** Yrs. 214-16-4026 Director 78 08-12-18 Usuel Residence of Decadent death with the Maryland 10e. State 100 County TOc. City. own or Location 10d. Inside City Limits itam 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner natal be notified at 1 Yes 2 No Director incess Ome ISO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1853 12. Wes Decedent Ever in U.S. Armed Forces? Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Status permit. Pagas 1 and 2 should be filed within 72 hours aftar to Department of Haelih and Mental Hygiena. Important: if item 27 is marked other than "natural", or iten eny injury or other traumatic event, the Medical Examine page. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Ho Specify. p 3 Widowed 4 □ Divorced BLACK Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) aw Uil Jabole! 17. Father's Name (First, Middle, Last) 18. Maffer's Jame (First, Middle, Maiden Sumeme) ally -4nn 100S 2 cauchant 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number of Rural Route Number, City or Town, State, Zip Code) daughter 31136 MO71823 to ne 20c. Location - City or Town, State 20e. Method of Disposition

Buriel 2 Cremation 3 Removel from Stet 20b. Place of Disposition (Name of cometery, cremetory or other place) Dete John Wesley cstorer 4 ☐ Donetion 5 ☐ Other (Specify) cmolery 21. Signature of Funeral Service Licanses 22. Neme and Address of Facility E. Ward tunder Mari 40 21853 30639 Plincess Hampdon An 23a. Pert f. Enter the display or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failury. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or es e consequence of): Examiner physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Last Due to (or es e consequence of). Box 68760 that the death certificate be Physician/Medical Due to (or es e consequence of): as attanding esn for ed by the s Records, P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by to 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ₺ Unknown GOUT, ARTHRITIS ð should I 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed paga 2 certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funanti Director: Aftar this certifics 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 💆 DOA Certification: To 1 X Yes 2 □ No funeral c 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide complataly filled in 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one)

29c. License number

D03599

M.D., 108 PINE BLUFF ROAD, SALISBURY MD 21801

D.M.E.

Whi Sanden Rarlell

32. Registrer's Signeture

30. Name end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

29d. Dete signed (Month, Day, Year)

03-29-97

State Registrar 29b. Signeture end title of cartifier

JOHN T. BULKELEY,

APR -

31. Dete filed (Month, Dey, Year)

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Fune Direc			Wicomico 5. Social Security Number 156-22-9720	Nursing 6. Sex 1□M XIX	7. Age (In yr	rs. lest birthdey) Yrs.	If Under 1 Yee Months Dey	r If Under	isbu 24 Hrs. Min.	8. Dete of Bid (Month, De May 29	rth ay, Year)	9. Birth		te or Foreign	
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		-	Mabel Cullen,	Daughter	20b. Place of Disposition (Name of					Dete Dete		tion - City or T	num Stete	9	
	5	1	t Buriel 2 ☐ Cremetion		m Stete	cemetery, cren	netory or other parents Cem		1/1.	-2-97	_	r. De.	Own, Stell	,	
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	DOC		Mille 5	Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Short Funeral Home 13 E. Grove St. Delmar, DE. 19940											
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that the death certificate be associted ed by the attending physician and detached for use as the buriet inneit			Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Lest	6	Je 17	(or as e consequence of consequence	uence of):	Cut	enia	os cle	POJI				
the at	ojev.	Ī	Pert II. Other significant conditi	-		esulting in the u	nderlying cause (given in Pert	l.	23b. Dld	tobacco us	e contribute 1	to the cau	es of death?	
that the ded by the	4		Crot	Brea	is t	e/ /	Bila	Face	1	10	Yes 2	No 3 Pro	obably 4	Unknow	
requires been sign	leted by		anof Mrst	ector	27 27						s en autopsy omed?	81	Vere autop veilable pr ompletion i death?	esy findings for to of ceuse	
The law ata has b	omo				/					10	Yas 2X		☐ Yes	2 No	
ysician: The l s cartificata he director, page	BeC		25. Was case referred to medical	al				28. Plac	e of Deeth	(Check only					
hysich this car	To B		examiner? 1 ☐ Yas 2 ☒ No	Hospitel: 1	inpatient 2	☐ ER/Outpatien	t 3 DOA					Other (Speci	ify)		
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this cartific comoleasy filled in tw. the funeral director.	Certification:		Z C / NOOIGOIN	ng (Mo Igation	a of injury onth, Dey Year)	28b. Tima of injury	W		No 2	28d. Describe	how injury o	occurred			
To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After combletaly filled in by the funeral	Certific		3 ☐ Suicide 8 ☐ Couid 4 ☐ Homicida datam	nined 286. Pie	Iding, etc. (Spec	city)	eet, fectory, office			City or To	wn, Stete)	Number or Rui		lumber,	
he Hosp in 24 hot he Funel pletaly fil	edical			ng Physician: To the Examiner: On the end ma										se(s)	
Total	2		29b. Signature end title of certifi	gr				nse number			29d. Date	signed (Month	, Day, Yea	r)	
	5	1	1	22/	227	•	U	02026			hni	4 31	-9-	>	
		;	30. Neme end eddress of person				*							-	
	State		60. Neme end eddress of person F.G. Arth 31. Dete filed (Monage Prop. Year)	es, MD		Ocean	Print) Pines	, Ber	lin,				7	2	

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Registrar

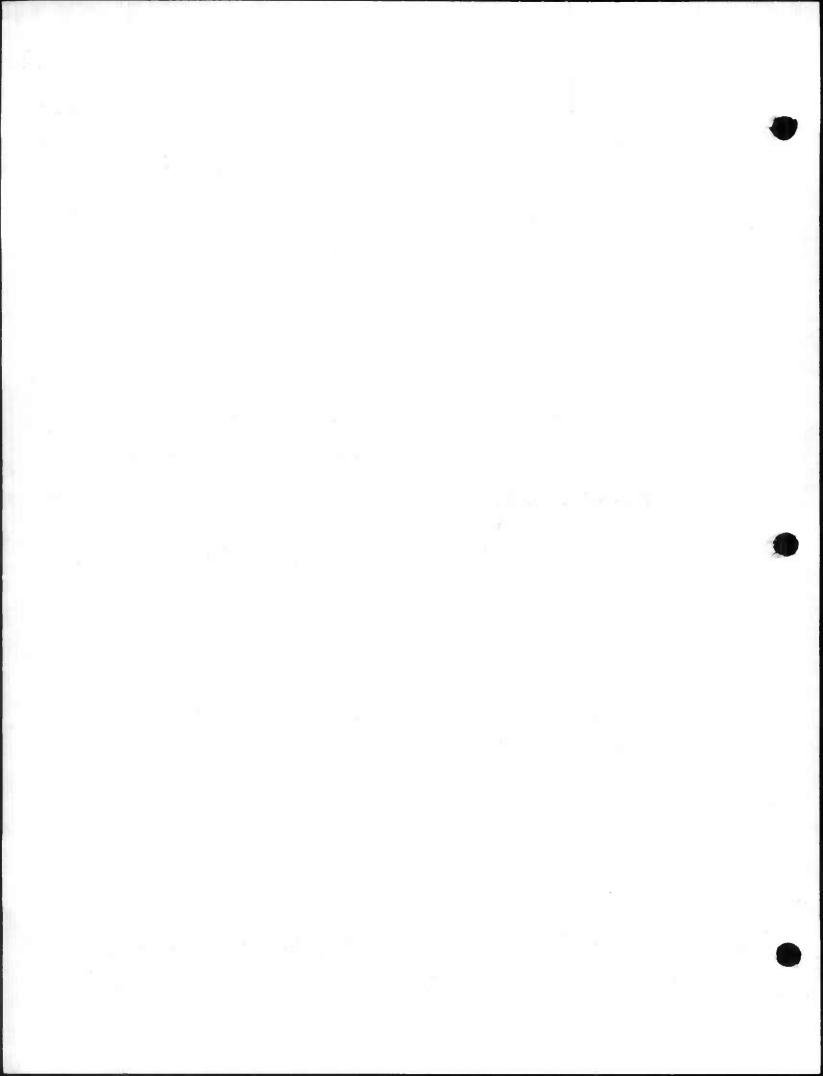
State of Maryland / Department of Health and Mental Hygiene 9 7

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dicai	Dorothy M	p.	RONN	3	24	97	2335				
niner	4a. Fecility Neme (If not institution,		4b. City, Town, or Location of Deeth 4c. County of Deeth								
	PENINSULA REGI				SALI	ICOMICO					
ai or	5. Social Security Number 141–30–7124 Usuel Residence of Decedent	3. Sex 1 □ M 2 💢 F	73	hday) If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, July 7	9. Birthplece Country) Virgi	Birthplece (State or Foreig Country) Virginia			
	10a. State 10b. County		10c. City, Town	or Location				10d. In	side City Limi		
Į.	Maryland Wicon	nico	Sa1	isbury					Yes 2X		
Je J	10e. Street end Number	120	541	10f. Zip Code		10g. Citizen of Whet					
Funeral Director	415 A Patrick	Avenue		21801		A					
ner	11. Meritel Status	12 Was Deceder	nt Ever in U,S.	13. Was Decedent of I		pecify Yes or No-					
by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates	No	If Yes, specify Cub	en, Mexican, Puert	o Rican, etc.)		Specify: Black			
E E	15. Decedent's	Education	16e.	Decedent's Usual Occup	petion	1	16b. Kind of Business/Industry				
Completed	(Specify only highest Elementary/Secondery (0-12) 12	Decedent's Usual Occup (Give kind of work done life. DO NOT use retire Domestic	during most of won d)	king	None						
Be	17. Fether's Neme (First, Middle, La	est)			18. Mother's Nam	ne (First, Middle, M	aiden Sumem	10)			
To	Joshua Marsha	all			Ada Holland						
	19e. Informent's Neme/Relationship		19b.	Malling Address (Street	end Number or Ru	ral Route Number,	City or Town,	Stete, Zip Code)		
	Theodore Lee		25	392 Giles	Lane,	Quantico	, Md . 2	21856			
	20a. Method of Disposition		20b. Place of cameter.	Disposition (Neme of , crematory or other ple	ce) Co-	Dete 2	Oc. Location -	City or Town, S	tete		
	1 Burial 2 Cremation 3 4 Donetion 5 Other (Spe			ai Baptis		n 4/1 F	OCOMO	oke, Md			
ei i	21. Signeture of Funerel Service Lic	censee	_mt.SII	22. Name end Addre	ess of Fecility		ОСОМС	one fina			
SUCE.	DW. D. B	Stewart	-	Stewart I			016	201			
	23a. Pert1. Enter the disease, or co shock, or heart ailure. List on	/	ad the death. Do n	821 West	Rd.Sali	sbury,	1d.218		oximete vel Between		
iner	disease or condition resulting in deeth)	e. 175	Due to (or es e co	onsequenca of):)			11/	rubs		
lical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter UnderlyIng Cause (Disease or Injury that Initieted events resulting in deeth) Lest	b	Due to (or es e co		J MI	2		и	1		
ledical	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest	c			J MI	2		u	1		
ledical	thet initieted events		Due to (or es e co	onsequence of):	ven in Pert I.	23b. Did tob	acco use cor	atributa to the c			
by Physician/Medical Exan	resulting In deeth) Lest		Due to (or es e co	onsequence of):	ven In Pert I.		acco use cor s 2□ No		ausa of death		
by Physician/Medical	resulting In deeth) Lest		Due to (or es e co	onsequence of):	ven in Pert I.		2 □ No eutopsy	atributa to the control of the contr	eause of death 4 Unknow topsy findings prior to on of cause		
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State of Maryland / Department of Health and Mental Hygiene

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		all control			Ce	rtificate	e of	Death			Reg. No.		1 1 1 7 7
Physi	cian	Decedant's Nama (First, Middle, Last)						2. Date of Daath 3. Tima of Month Day Yaar					
/Med	dical	Melvin Eugene				B1ank			March	28	1997	5:50 AM	
Exam	iner	4a. Facility Nama (If not Institution, giva street and number) Frederick Memorial Hospital				4b. City, Town, or					Death 4c. County of Death Frederick		
Funar				7. Aga <i>(In yrs. l</i> a					8. Data of B				
Funera Directo	_	215-34-3691 Usual Rasidanca of Dacadant	1₩ 2□ F	55	Yrs.	Months	Days	Hours Min.		Nov. 1	7,1941	Maryland	
Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Dapertment of Health end Mental Hygiene. Important: if Item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified at once.	ctor	Maryland Freder	ick		10c. City, Town or Location Frederick					10d. Insida City Limits			
	al Director	10e. Straat and Number 714 North Market Street			10f. Zip Coda 21701					10g. Citizan o	f What Country?		
	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed Fo 1 Yas If Yas, Giv Yaar or De	2 🖾 No		13. Was Dacedant of Hispanic Origin? (Specify Yas If Yas, specify Cuban, Maxican, Puarto Rican, at 1 ☐ Yas 2 ♣ No Specify:				pecify Yas or No Rican, atc.)	lo- 14. Re BI Spec	Ican Indien, a, atc. Lte	
	Completed	15. Decedant's Elementary/Secondary (0-12)	Education rada complated) Collaga (1	-4or 5+)	(Giva lifa.	lant's Usual Occupation kind of work dona during most of working OO NOT usa ratired) 's Helper			king	16b. Kind of Baker			
	Be	17. Fether's Name (First, Middla, Las	t)					18. Motha	r's Nan	ne (First, Middl	la, Meidan Surna	ima)	
	10	Francis Milt		IK					-	-	rginia		
		19e. Informant's Nama/Ralationship Mrs. Ruth Ann Bl		îe .		_					erick, M		and 21701
		20a. Method of Disposition 1. Burial 2 Cramation 3 4 Donation 5 Other (Space		Stata 20b. Pla	Place of Disposition (Name of cemetary, crametory or other place) ount Olivet Cemetery, March 31, 1997				20c. Location - City or Town, State Frederick, Maryland				
	XIIXE	21. Signatura of Funaral Sarvice Lica	Jyyl .	MOO255							Funeral		
Physician /Medical Examiner		23e. Part1. Entar tha disaase, or complications that caused tha daath. Do not anter the moda of dying, such as cardiac or respiretory errest, Approximete											
	_	Immediata Causa (Final disaesa or condition a metartatic Bronchogenik Carkinon 7/95											
		Immediata Causa (Finat disaesa or condition rasulting in deeth)	a. Me	tarta	Cic	010	nul	roge	nik	e Car	KINDMU		7/42
	e l			Dua to (or	as a consec	quanca of):							
Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: The law requires that the death certificate be assecuted within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, paga 2 should be detached for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediata											
		Cause. Enter Undarlying Causa (Disaasa or Injury that Initiated avants	C	Dua to (or a	as e consec	ruance of):							
	n/Medical	rasulting in death) Last											
	Physician	Part II. Othar algnificent conditions	contributing to da	ath but not rasult	ling In the u	nderlying ca	ause giv	an in Part I		23b. Df	d tobacco uae c	ontributa	to the causs of death?
		Inalia dependent Direction mellitur						1 Yes 2 No 3 Probably 4 Unknow					
	Completed by	Hypotensis						24e. Wa	24b. Wara autopsy finding: availabla prior to completion of cause of daath?				
	Com							10	Yes 20 No	2 No 1 Yes 2 No			
	Be	25. Was case rafarrad to medical exeminar?	I be emitted.	4-4			011		of Dea	th (Check only	ona)		
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	tion	1 Natural 5 ☐ Panding 2 ☐ Accidant invastigation	h, Day Year)					200. Dascribe now injury occurred					
	Certification:	3 Sulcida 6 Could not datarminad	of Injury - At hom ng, atc. (Spacity)	ry - At home, farm, straat, factory, office 2				28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)					
	edical C	29a. Cartifiar (Check only one) 1 Cartifying Physician; To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steled. 2 Madical Examinat: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.											
	M	29b. Signetura and titla di cartifia			29c. Licansa numbar					29d. Data signed (Month, Dey, Yaar)			
		30. Name end eddrass of person who		a of daath (Item 2		Print)	1+1	st	-	Fred	enk,	md	21701
S Regis	tate trar	31. Data filed (Month, Dey, Year) MAR 3 1 1	997 ^{32. By}	gjetrar er Signav	ion-Rom	Call							



State of Maryland / Department of Health and Mental Hygiene 97 | | | | 5

Prysician (Macrice) Receipt Name (For Assertion, phe sines and various) Receipt Name (For Assertion) Receipt Name (For As						8		Certificate o	of Death	F	Reg. No.		11170
## State 100 Clark County Prederick Frederick П	Physic	ian	1. Decedent's Name (First, Middla,	Last)				NY N	Month		Year	3. Time of Deeth	
## As Sauthy Name (Frod articlation) as yearest and nonlocal	U			Ann				В	OYER	March	27, 19	97"	12:05pm
Sound Security Number Secu)												
215-64-1471 10h 20F 86 vs. words Days Pours Nr. July 29, 1910 New Jersey Nr. July 29, 1910				is a second seco									
Bernardeny/Bacondary (0-12) Bernardeny/Bacondary (0-12) Codegos (1-1-for 6-1) Homemaker Own Home Homemaker Own Home Norman A SLAGEN Its Mother's Name (First, Models, Last) Norman A SLAGEN Norman First, Models, Last) Norman A SLAGEN Its Mother's Name (First, Models, Last) Norman A SLAGEN Norman A SLAGEN Norman A SLAGEN Norman First Indicate Number of build Place Number, City or Town, State, Zip Code) 7 Fairrulew Avenue, Frederick, Maryland 21,701 Rallph W. Boyer/Husband 100-Method of Disposition 101 Burild 2 (200-method in 3 Clamer (Speed and Number or Build Place Number, City or Town, State, Zip Code) 11 Fairrulew Avenue, Frederick, Maryland 21,701 Rallph W. Boyer/Husband 12 Signalup of Furned Service Universes MOO706 Norman Norman 13 Service State Norman 14 State 15 Service State 16 State 16 State 17 Service State 18 State 18 State 18 State 18 State 18 State 18 State 18 State 18 State 19 State 19 State 19 State 19 State 10 State 1		Director		215-64-1471				Months Da		in. (Month, Day	, Year) , 1910	9. Birthi Coul Nev	place (Stata or Foreign ntry) Jersey
Bemastary/Secondary (10-16) Bemastary/Secondary (10-16) Costage (1-4or 5-) Homemaker Norman A SLAGEN Katharym MENC 15. Mother's Name (First, Middle, Leaf) Norman A SLAGEN Katharym MENC 16. Mother's Name (First, Middle, Leaf) Norman A SLAGEN Katharym MENC 17. Mother's Name (First, Middle, Leaf) Norman A SLAGEN Katharym MENC 18. Mother's Name (First, Middle, Leaf) Norman A SLAGEN Katharym MENC 19. Melling Address (Street and Number or Rout Rease Number, City or Town, State, Zip Code) 19. Date (10 Case) 10 Control of Part of Name (First, Maryland 21701 10 Melling Address (Street and Number or Rout Rease Number, City or Town, State, Zip Code) 10 Melling Address (Street and Number or Rout Rease Number, City or Town, State, Zip Code) 10 Melling Address (Street and Number or Rout Rease Number, City or Town, State, Zip Code) 11 Spanish of Function Survey (State, Zip Code) 12 Melling Address (Street and Number or Rout Rease Number, City or Town, State, Zip Code) 13 Spanish of Function Survey (State, Zip Code) 14 Spanish of Function Survey (State, Zip Code) 15 Spanish of Function Survey (State, Zip Code) 16 Spanish of Function Survey (State, Zip Code) 17 Spanish of Function Survey (State, Zip Code) 18 Spanish of Function Survey (State, Zip Code) 19 Spanish of Function Survey (State, Zip Code) 19 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spanish of Function Survey (State, Zip Code) 10 Spani		yland				10c. C						- I	10d. Inside City Limits
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20s. Nethod of Disposition (Name of Disposition (Na	Mary	and and s m	To	19a. informant's Name/Relationshi	(Type, Print)		19b.	Mailing Address (Stre	eet and Number or	Rural Route Numbe			Code)
Physician / Middleal Examiner Physician / Middleal Examiner		of Heali item 2 other		20a. Method of Disposition 1 Durial 2 Commation 3	☐Removel from Str		Place of I	Disposition (Nama of cramatory or other	o/ace)	Date	20c. Location	City or To	own, State
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Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No 2 No 1 Yes 2	ox 68/60,	certificate be executed nding physician and use as the buriel-transit	Medical	triat militated events	b. ————————————————————————————————————								
24a. Was an autopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Death (Chack only one) 27. Manner of Death 1 Natural 1 Natural 1 Natural 1 Natural 28a. Date of Injury 28b. Time of Injury 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Yes 2 No 28d. Describe how injury occurred 1 Yes 2 No 28d. Describe how injury occurred 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number or Rural Route Number, City or Town, State) 28d. Location (Streat and Number, City or Town, Stat		death he ette ed for	sicia	Part ii. Other significant conditions	contributing to deet	h but not res	sulting in 1	he underlying cause	given In Pert i.	23b. Dld to	obacco use co	ntribute to	the cause of death?
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30. Name and address of person who completed cause of death (Nem 23gr (Type, Nemt) Philip J. Shapiro, M.D., 814/Tollhouse Avenue, Frederick, Maryland 21701 State filed (Month, Day, Year) 32. Pagistra's Shapeline		0		txis	A.	W	W	71/ D	07186		March	27.	1997
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Regulation WAR Z. O. 1997		Sta Registr		31. Date filed (Month, Day, Year)	32. Regi	istrar's Signa	Auto				, J 1011		

97-1444-009

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Items: 23 part I27,28a-f Per MEO G-756 4/16/97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dev Year LYLE BURT JR MARCH 4b. City, Town, or Location of Deeth /Medical WILLIAM 29 1997 11:00A.M 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth **Examiner** 6385 25th STREET CHESAPEAKE BEACH
or If Under 24 Hrs. 8. Date of Birth CALVERT 6. Sex 1 M 2 F If Under 1 Year Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Deys Hours Min. 38 Director 217 72 1799 Yrs April 11 1958 Washington D.C. Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 la marked other than "natural", or items 23a or 28a-f show traumatic event, the Mod cal Examinar must be notified at 1 ☐ Yes 2☐ No Directo Calvert Maryland Chesapeade Beach 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? death with 6385 25th Street 20732 United States Funeral 12. Wes Decedent Ever In U.S. Armed Forces? 12 No 176 If Yes, Give Year or Detes: 9/76 14. Race - American Indien, Bleck, White, etc. 11. Meritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 72 hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☑ Ofvorced Completed Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Painter Automobile 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Lyle W. Burt Sr. 2 Dorothy Reiter 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1516 Manor View Rd. Davidsonville Md. 21035 Lyle W. Burt, Sr. Father 20b. Plece of Disposition (Neme of cametery, crematory or other plece) April 4, 1997 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory Alexandria Va. 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Robert E. Evans Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the death shock, or heert failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final NARCOTIC AND ALCOHOL INTOXICATION diseese or condition resulting In deeth) **Examiner** Due to (or es e consequence of) Examiner physician and the burief-transit requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): ettending esn jo Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by cate has been sig 24b. Were eutopsy findings evellable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes certificate 2 No Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certificator prompletely filled in by the funeral director, it Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home Mesidence 8 Other (Specify) 10 NOWes 2□ No 28c. Injury et Work? 27. Manner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Injury 1 Naturel 5 Pending 3/29/97 1 ☐ Yes 2 (No Investigation unknown M Unknown 2 Accident 3 Suicide 6 ChCould not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6385 25th St. 4 Homicide Home Cheasapeake Beach, Md. 1 Certifying Phyelclen: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

**Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. Medical 29a. Certifier any 29b. Sig ture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. MARCH 30, 1997 ceuse of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signeture State

Registrar

State of Maryland / Department of Health and Mental Hygiene 97 | | | 1,7

Physic					Cer	titica	te of	Death		1	Reg. No.		
- TO NAME OF	ian	Decedent'a Name (First, Middle, La								2. Date of De		year Year	3. Time of Deal
/Medi				RKE SR							21,04199		5:45 P
Examlı	ner	4a. Facility Name (If not institution, gir								ation of Death		nty of Death	
-		5953 Meadow Ro		a (In yrs. last	t hirthday)	If Unda	r 1 Year	Freder		R Date of Birt		ederic	
Funeral Director			D	50	Yrs.	Months		Hours	Min.	B. Date of Birt (Month, Dat AUGUST	0 ,1 946	Vir	olaca (State or For otry) ginia
how		10a. State 10b. County		10c. City, T	own or Loc	cation						1	0d. fnside City Lin
a-f s	ctor	Maryland Frederi	.ck	Free	deric	:k							1 □ Yes 2]
23a or 28	Funeral Director	10e. Street and Number 5953 Meadow F	toad				701				10g. Citizan d U.S.A.		ntry?
be ned whith 72 hours after deem with the maryland tel Hygiene. d other than "netural", or frems 23a or 23s-f show event, the Madical Exerciner must be notified at	by	11. Marital Status 1 Never Married Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Tyes 2 2 If Yes, Give Yaar or Dates:			Vas Dece I Yes, spe		dispante Ortgi an, Mexican, Specify:	n? (Spec Puerto Ri	ify Yes or No- ican, etc.)		Race - Amaric Black, White, city: Wh:	etc.
netur	eted	15. Decedent's E (Specify only highast gra	ducation	1	6a. Deced	ent's Usu	el Occup	nation most	of working	,	16b. Kind of	Business/In	dustry
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end Men ls marke	To	Guy Leroy							llia		rie F		
trau		19a. Informant's Name/Relationship (Samantha M. Wolfe	* * * * * * * * * * * * * * * * * * * *	5 .	5953	Mead	ow R			rick,			
Department of Heali Important: If Item 2 any Injury or other once.		20a. Method of Disposition 12 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		ceme	e of Dispos ete <i>ry, cr</i> em st Gr	atory or	other plac		March	25, 199		on - City or To	wn, State , Marylai
Departr Importu any Inj		21. Signature of Funeral Service Licer	MI	100255	Ke	eney	and			.A. Fu Frede			1701
hysician /Medical xaminer	ler	fmmediate Cause (Final disease or condition resulting in deeth)	a. NASOPH	ANYN Due to (or as				mous	CEL	L CAN	ICER		1/2 YEAR
an and riel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or as	a consequ	uence of)							
ed by the ettending physician and deteched for use as the buriel-transit	/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	d	Dua to (or as	a consequ	iance of):							
etten for u	ciar												
by the	Physician/	Part II. Other significant conditions of	ontributing to death be	it not rasultin	g in the un	derlying	cause giv	en in Part I.		23b. Dld t	~0		the cause of des pably 4 Unkn
been sign should be	Completed by									24e. Was a	an autopsy med?	ava	ere eutopsy finding ailable prior to mpletion of causa deeth?
1 2	шо									1 U Y	es 2No		Yes 2□ No
	BeC	25. Wes case referred to medical						26. Place o	f Death /	Check only or	/ /		2100 20110
6 2	ToE	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatia	nt 2 ER/	Outpatient	3□ D	OA Oth	or:		Besid		Other (Specific	()
o '5		27. Menner of Death 1 Natural 5 ☐ Pending 2 ☐ Accident investigation	26a. Date of Injur (Month, Da)	Year) 268	b. Tima of Injury	M	28c. Injur Wor		28	d. Describe h			
this di	642		One Plans of take	ırv - At home.	, farm, stre	et, factor	y, office		28	f. Location (S City or Tow		m <i>ber</i> or Rura	/ Route Number,
this d	Certification:	3 Suicide 6 Could not be determined	28a. Place of Inju- building, etc	. (Specify)									
this all di		4 Homicide determined 29a. Certifler 1 Certifying Ph	building, etc ysicfan: To the best of and manner sta	f my knowled	ige, death end/or inve	occurred estigation	at the tin	ne, date and pinion, death	place, and occurred	d due to the o	ause(s) and late and plac	manner as st e, and due to	ated. the cause(s)
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this all di	Medicai	29a. Certifler (Check only one) Certifying Ph	building, etc	f my knowled examination ted.	end/or Inve	estigation 29 Print)	c. License	pinion, death e numbar	occurred	d due to the cat the time, c	date and place 29d. Date sign March	ned (Month,	The cause(s) Day, Year)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer Lena C. Barry 18, 1997 7:25 PM March /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick 5. Sociel Security Number 6. Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** 1 M 2 1 F Months Deys Hours Yrs Director 346-28-7607 84 Sept. 29, 1912 Illinois Usual Residence of Deceden with the Maryland 10e. State 10b. County 10c. City, Town or Location r than "natural", or itama 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Howard Director Mount Airy 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21771 1270 Ridge Road American death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Stetus parmit. Pagas 1 and 2 should be filed within 72 hours after to Popartment of Healin and Mentle Hygiene. Important: If Item 27 is marked other than "natural; or ite any injury or other traumetic event, Ite Medical Examina 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: WHIPE 3. Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Ingersol1 Matilda Brakeck Harry 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1270 Ridge Road, Mount Airy, Maryland Betty J. Doudnikoff - Daughter 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Buriel 2 X Cremation 3 ☐ Removel from State Montgomery Crematorium 3/21/97 Bethesda, Maryland 5 ☐ Other (Specify) 4 Donetion 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Olin L. Molesworth, P.A., Funeral Home Villa 23a. Pert1. Error the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or natural feiture. List only one cause on each line. 20872 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner buriel-transit The law requires that the death certificete be executed and Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Lest physician Box 68760 Physician/Medical the Due to (or es e consequence of) USB as attending for use as P.O. I Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. datached 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2000 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed Deen hes page 2 24 No certificata 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after daeth. director Be 25. Wes cese referred to medical exeminer? 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 1 No Certification: To 1 🗆 Inpatient 2 ER/Outpatient 3□ DOA funaral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturel 5 Pending Investigetion 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours at To the Funeral Di complataly filled In 10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and manner stated. Medical 29e. Certifier 29b. Signature and title of ce 29c. License number 29d. Date signed (Month, Dey, Year) Ole March 19, 1997 of deeth (Item 23e) (Type, Print) 15235 Shady Grove Rd., Rockville, Maryland Barton J. Greshen, M.D. State

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtificate	e of	Death		F	Reg. No.		
	sician edical	1. Decedent's Neme (First, Midd Joseph		Brown						2. Data of Dea Month Mar. ch		Y9'97	3. Time of Death 09:54H1
(5)	miner	4a. Facility Neme (If not Institution 706 Court Sq								ocation of Death	4c. County	y of Death arford	
Fune Direct		5. Social Security Number 168-20-2977	6. Sex 1 ☑ M 2 ☐ F		rs. last birthday) Yrs.	If Undar Months	1 Yaar Days		Min.	6. Data of Birth (Month, De)		9. Birthplace Country) PENNSY	a (Stata or Foreign LVTANA
Maryland F-f ehow	tor	Usuel Residence of Decedent 10e. Stete 10b. Count MARYLAND HARF			City, Town or Lo	ocation							Inside City Limits
or 28a	Director	10e. Street and Number	VILD		DOLMOOD	10f. Zip	Code				10g. Citizen of	Whet Country	?
ath w	rai						040					US	
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21215-0020 d within 72 hours of gions. or than "natural", or	Completed	Elementery/Secondery (0-12)	est grede completed, College	(1-4or 5+)	life.	DO NOT us	e retire	•	or work	ang			
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allimore, mit. Peges 1 e partment of Hee portant: If item	permit. Peges Department of Important: If it any Injury or o	4 Donetion 5 Other (3		TI.				ess of Fecility		3/23/91	CKOMNS	VILLE,	MD.
D Be E	a	1-1	y Dance		WN	A. REE	SE	& SONS	S MO	RTUARY,	P.A.		
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Physicia /Medic Examin	ai er	Immediete Cause (Finel diseese or condition resulting in deeth)	Acute	Coro	onary A	Arter							Rarvel Between
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hat the did by the deteched	y Physician	Pert II. Other eignificant conditi	_	leath but not Fail	-	nderlying ca	ause gi	ven in Part I.			**		e cause of death?
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Physician: The this certificate ral director, page	e	25. Was cesa referred to medica axeminar?					100		of Deat	h (Check only o	ne)		
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DIVISION To the Hospital or Attending within 24 hours effer deeth. To the Funeral Director: After completely filled in by the fune	Certification:	2 Accident Invest 3 Suicida 6 Could 4 Homicide deterr	not be 28e. Place		N A N A thome, ferm, streetify)			, 100 2 2		28f. Location (S City or Tow	treet end Num	ber or Rural R	oute Number,
To the Hospital of within 24 hours e To the Funeral Completely filled		29a. Certifier 1 Certifyli (Check only 2 N Medical	ng Phyeician: To the	best of my l	NA knowledge, deet	h occurred a	t the ti	me, dete end	piece,	and due to the o	euse(s) and m	enner as stete	od.
the H hin 24 the Fi	ledicai	one)		nar steted.	metion end/or in				n occuri				
To With	2	29b. Signeture and title of certific	www.	2_h	J:ME	29c.		OCME			Mar 2	ed (Month, De)	
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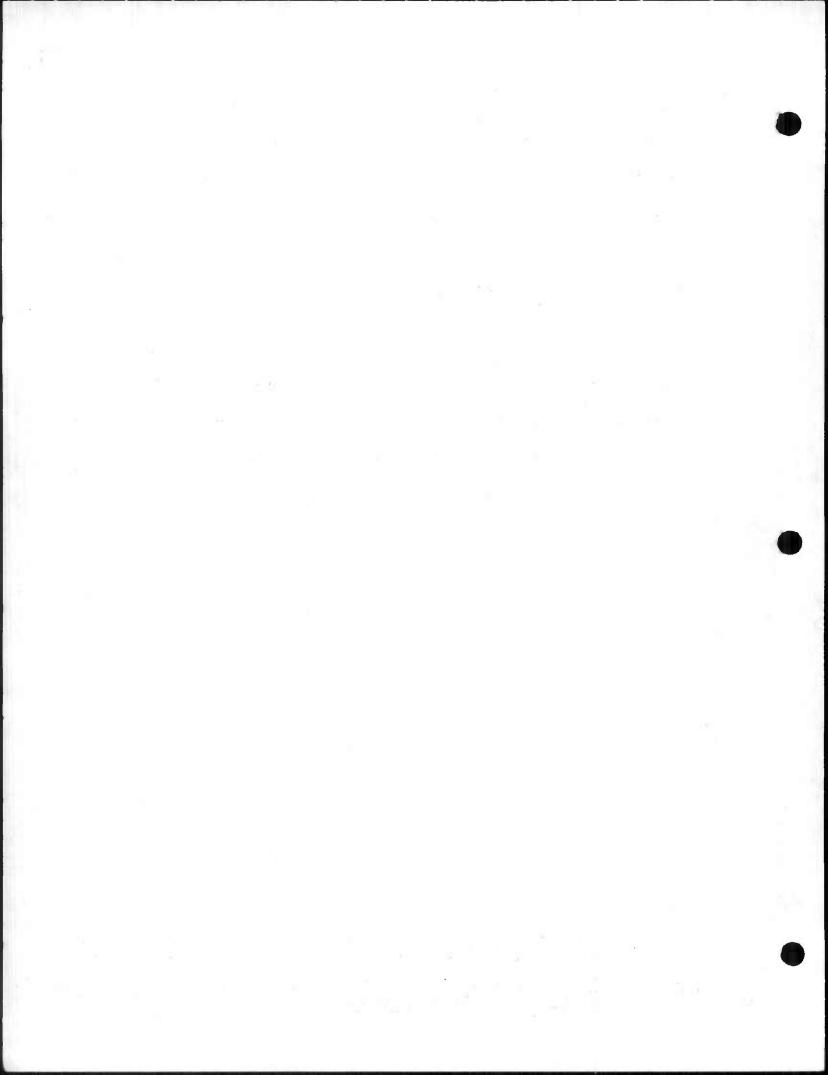
State of Maryland / Department of Health and Mental Hygiene 97 | 1150

				Certificate of	Death	Reg. No.	, 11130
Phys	laian	1. Decedent's Neme (First, Middle, L.	ast))	2. Dete o	f Death	Year 3. Time of Death?
	dical	LAhui	N. 03/0.	hm	AK	1 7	97 1237
Exam	niner	4a. Fecility Name (If not institution, gi	ve street end number)		4b. City, Town, or Location of D	eeth 4c. County	of Death
	_,=	2816 Bro.	Adview	1err	HNNAPOL	5	ITA
Funer			Sex 7. Age (in yrs.	Months Days	Hours Min. (Month	f Birth , Dey, Year)	9. Birthplace (State or Foreign Country)
Directo	or	578-52-3780 Usuel Residence of Decedent	57	Yrs.	Feb.	23, 1940	Washington
and		10a. State 10b. County	10c. Cit	ty, Town or Location			10d. Inside City Limits
Marylan f show	ō	Maryland Anne Ar	unda1	A 1 * ·			1XXYes 2 □ No
with the Mary a or 28a-f sh	9	10e. Street and Number	under	Annapolis 10f. Zip Code		10g. Citizen of W	hat Country?
th with	ā	2816 Broadview Te	rrace	2140	1	USA	
5-0020 72 hours effer deeth with the Maryland nature!, or frems 23s or 28s4 show sinst Examine must be notified at	Funeral Director	11. Meritel Status	12. Was Decedent Ever In U		Hispanic Origin? (Specify Yes o pan, Mexican, Puerto Rican, etc.	r No- 14. Rece	- American Indian,
or he	E P	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☐ No				k, White, etc.
020 ours	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1 ☐ Yes 2 XNo	Specify:	Specify:	White
21215-0020 d within 72 hours ef giene. ir than "naturel", or ir than "naturel", or	Completed	15. Decedent's E (Specify only highest gr	ducation	16a. Decedent's Usual Occu	pation during most of working	16b. Kind of Bu	siness/Industry
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d 212 filed withi Hygiene. ither than	ပ်	12th		Secretary			Government
be filed tal Hygi d other	Be	17. Fether's Neme (First, Middle, Las.	•		18. Mother's Neme (First, Mid-		9)
yle bud Men Men arke	2	Henry O	berer		June	Vorhees	
Maryland d 2 should be file th end Mental Hy 7 is marked other treumatic event		19a. Informant's Name/Relationship	(Type, Print)	19b. Mailing Address (Street	t end Number or Rural Route N	imber, City or Town,	Stete, Zip Code)
Nore, Maryland : ges 1 and 2 should be filed t of Heelth end Mental Hyg if Hem 27 is marked other or other treumstic event,		Thomas W. Blohm/		2816 Broadvi	ew Terrace An	napolis, M	aryland 21401
Peges nent of H nrt. If He iry or of		20e. Method of Disposition 1 ☐ Burlel 2 ☐ Cremation 3 [Removal from State	semetery, cremetory or other pie	ice)		
timen tent:		4 Donation 5 Other (Special		tropolitan Cre	matory 4-1-97	Alexand	ria, Virginia
Baltimore, N pemit. Peges 1 and Department of Heeith Important: If Hem 27 any Injury or other tr	ouce	21. Signature Funeral Service Lice	nsee	Coorgo P	ess of Facility	Uomo	
W 40 - 4	OI _	- Laut Calos		2973 So1o	Kalas Funeral mons Island Rd	. Edgewate	er. Md. 21037
	5-	23a. Part1. Enter the diseese, or con- shock, or heart failure. List only	plications that caused the deat	h. Do not enter the mode of dyi	ing, such as cardiec or respirato	ry errest,	Approximate
Physicia	_	- same					Interval Between Onset end Deeth
/Medica Examine	_	tmmediate Cause (Finel disease or condition resulting in death)	Drug	Querd	050		INK
		resulting in death)	Due to (o	or as a consequence of):			
sit ed	Examiner		b				1
58760, icete be executed physician and s the buriel-transit	Xan	Sequentielly list conditions, if any, leeding to immediate	Due to (o	or as a consequence of):			
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ecords, P.O. Box iaw requires that the death cer as been signed by the ettendin 2 should be detached for use	Q P	,	-		240 \	Vas an autopsy	24b. Were autopsy findings
cord v require been si	ete				F	erformed?	available prior to completion of cause
Red has	Completed						of deeth?
al B					1	Yes 20 No	1 ☐ Yes 2 ☐ No
of Vita Physician: this certific	Be	25. Wes case referred to medical examiner?	Hospital:	_ Ott	26. Place of Death (Check o	nly one)	
of Vital Records, Physician: The law requires this certificate has been signeral director, page 2 should be	. To	Yes 2□ No 27. Manner of Death	1 ☐ Inpatient 2 ☐	ENOutpetient 3 DOA	4 Unursing Home 5 Line	Besidence 6 □Othe ibe how injury occurre	
Vision Attending or death. ector: After by the fune	to	1 □ Natural 5 □ Pending	(Month, Day Year)	Injury / Wo	rk? Yes 2 No To		verdose
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Division or Attending efter death. Director: After d in by the fune	Certification:	4 Homicide	building, etc. (Specify	v)	City	Town, State) N. N. A. A.	20/15
potta ours peral		29e. Certifler 1	- (wledge, death occurred at the ti	me dete and place and due to		nner as stated
Division of Vital Recognition of Vital Recognition and the law within 24 hours effer death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	(Check only 2 Medicat Examone)	niner: On the basis of examina end menner steted.	tion and/or investigation, in my	opinion, death occurred at the ti	me, date and place, a	nd due to the cause(s)
o the	N N	29b. Signature end title of certifier	0	29c. Licens	se number	29d. Date signed	(Mopth, Dey, Year)
FFFO		1/18/11	- (gl)=	200 1	206054	4/1	197
		30. Name and address of person who	completed caused death floor	23a) (Tyme Print)	1	1	1 1
		William	D Cause Gealt (Hell	wes, mo	1095	I mave	CA 21035
	tate	31. Dete filed (Month, Dey, Year)	32. Registrer's Signa	iture			
Regis		APR 0 4 19		dson-Randell			

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Date of Daath 3. Time of Death Day 1997 Month **Physician** March 19, 8:09 AM Adelaide Bellon /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Doctor's Community Hospital Lanham Prince George's 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** 1 M 2 F Days Hours Yrs. 79 Director 207-09-9514 May 20, 1917 Pennsylvania Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits The Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Prince George's Bowie 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 20715 items 23a 12721 Millstream Drive United States of America Funeral death 14. Raca - Amarican Indian, Black, Whita, etc. 12. Was Decedant Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Armed Forces?

1 Yas 2XXNo
If Yes, Give
Yaar or Dates: 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 Yas 2 No Specify: by Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decadent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within nent of Health and Mentel Hygiene. Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 7 is marked other traumatic event, II 17. Fathar's Nama (First Middle Last) 18, Mother's Name (First, Middle, Maiden Sumeme) Be Giustino DiRado Louise Giallonardo 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2:
Depertment of Health as
Important: If item 27 is
any injury or other trau Lucia Zabrenski - Daughter 3112 Trinity Drive Bowie, Maryland 20715 20a. Method of Disposition 20b. Placa of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 MOther (SpecifEntombmonet Greensburg Cath. Maus. 3/24/97 Greensburg, PA 22. Name and Address of Facility
Bacha Funeral Home 21. Signature of Funeral Service Licensee 516 Stanton Street Greensburg, PA 15601 ther the disaasa, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrast, or heart failure. List only one ceuse on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Causa (Final Cardiac Dysrhythmia disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner Myocardial Infarction The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequanca of): Severe Anemia 1 Month Box 68760, physician Physician/Medical the Due to (or as a consequence of): Severe COPD use es Years Pol P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Records. eq þ page 2 should 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy peen completion of causa of death? this certificate hes 20 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitei: 1 Inpatient Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 2 1 Yes 2 No 2XER/Outpatient 3□ DOA filled in by the funeral 27. Manner of Death 28e. Date of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After Division 5 Pending investigation 1XX Natural 1 Yes 2 No death. 2 Accident s efter death 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled in Medical 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the ceuse(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cellslier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nama and address of person who compl 14300 GALLAGI FOX Ln. St8202 Back MD20718 32. Registrar State Registrar



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				Cer	tificate of	Death			Reg. No.		
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		, giva straet and n	umbar)					ocation of Death		y of Death	
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ARYLAND	WICOM	ICO		PITTSVIL	T						
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DORA CO	OPER					MINN	IE_	BAKER			
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LLEN TOO	MEY/SI	STER		7240	SIXTY FO	OOT RD	., P	PITTSVIL	LE, MAR	RYLANI	21850
. Mathod of Disp 1 X Buriai 2 ☐ 4 ☐ Donation	Cremation	3 □Ramovai from		. Place of Dispos cemetery, crem COOPER (etory or other ple	ece)	8	Data / 28/96	20c. Location		wn, Stata ARYLAND
a. Part 1 Entar th shock, or heer	lulu	complications that	causad the de	HAS	Name and Address STINGS For the mode of dy	UNERAI	у НО	ME, SELI	BYVILLE		AWARE 1997! Approximate Interval Between Onset and Death
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ulting in death)		a. The		(or as a consequ	uenca of):						weeks
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ulting in death) L	ast	٠	Due to	(or as a consequ	ence of);						
		- u.									
		ns contributing to d				ven in Part I.					the cause of death?
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denoca	rcinom	na of th	noraci	c & lu	mbar v	erteb	rae	24e. Wes a perfor		ava	ore autopsy findings allable prior to appletion of cause death?
ibs, &	bilat	eral ax	cillar	y lymp	h node:	s		1 🗆 Y	es 🔀 No		Yas 2 No

Physician /Medical Examiner 1. Decedent's Name (First, M.

4a. Facility Name (If not instit

215-26-4888 Usual Residence of Decedan

MARYLAND

11. Maritai Status

21. Signi

10e. Street and Number 7240 SIXTY FO

19a, Informant'a Name/Relati ELLEN TOOMEY/ 20a. Mathod of Disposition 1 X Buriai 2 ☐ Cremati 4 Donation 5 Othai

Immediate Cause (Final disease or condition resulting in death)

29b. Signature and title of certifie

15. Dece (Specify only hig Elementery/Secondery (0-1 3 17. Fathar's Name (First, Mide

10a Stata

Deer's Hea 5. Social Security Number

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be 10

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Intropretant: If flem 27 is marked other than "natural", or items 23s or 28s-f show eny injury or other traumatic event, the Medical Example.

Baltimore, Maryland 21215-0020

Physician/Medical Completed by Be Medical Certification: To

is certificate has been signed by the attending physician and director, page 2 should be detached for use as the buriel-tran

To the Hospital or Attending Physician: The law requires thet tha deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Cause (Diseasa or injury that initiated events resulting in death) Last Part II. Other significant cond Probable lu adenocarcin ribs, & bil 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 1 Yes 2 No 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 XVatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28a. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f, Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the ceuse(s) end manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29c. Licansa number

D16278

29d. Date signed (Month, Dey, Yeer)

21802-2018

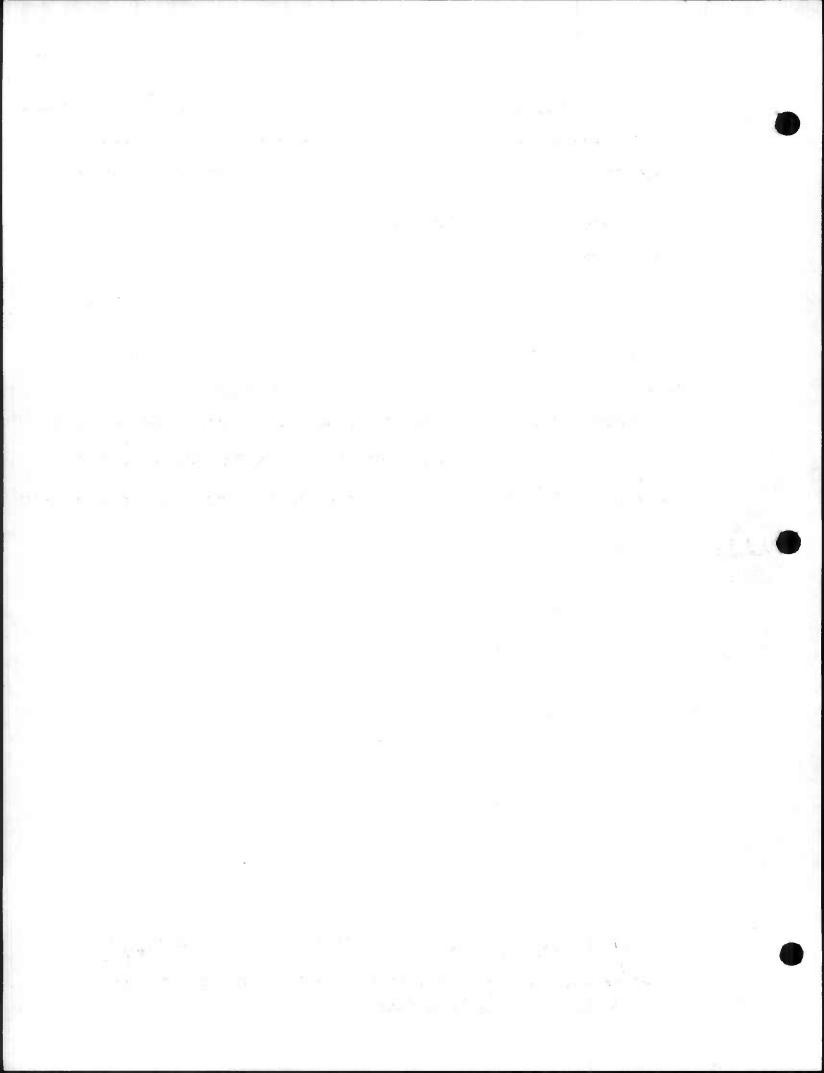
State Registrar

Shrestha, M.D., P.O. Box 2018, Salisbury, MD 32. Redictrar's Signature 31. Date filed (Month,

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

within 24 hours efter death.

To the Funerel Director: After this of completely filled in by the funeral directors.



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Death 3. Tima of Deeth Day Yaer **Physician** Month Charles 1997 Cook April 2 11:00a.m /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital @ Easton Talbot Easton 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Out 1 Months Days Hours Min. 5. Social Security Number 6. Sex Birthpiece (State or Foreign Country) **Funeral** 1X M 2 □ F 149-12-5032 84 Yrs. Director Maryland Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Moulcal Examiner must be notiling at 10d. Inside City Limits MD by Funeral Director Caroline Federalsburg 1 ☐ Yas 2 ☑ No 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? 4210 Seippes Road permit. Peges 1 and 2 should be filed within 72 hours efter death to Depertment of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Me 21632 United States 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Datas: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Raca - Amarican Indien, Black, Whita, atc. 1 Never Marriad Married 1 ☐ Yas 2 ☒ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Construction/ Elementery/Secondery (0-12) College (1-4or 5+) Carpenter/Farmer Agriculture 10 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be J. Ferdinand Cook Cora R. Nichols 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Charles N. Cook 5028 Mt. Zion Rd., Hurlock, MD 21643 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cremation 3 ☐ Removel from Stata Hill Crest Cemetery 4/5/97 Federalsburg, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Addrass of Facility Framptom-Hawkins-Eskow Funeral Home PO Box 43, Federalsburg, MD 21632 23e. Part 1. Entar the disaasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast shock, or heer feilure. List only one ceuse on each line. Approximete Intervel Between Onsat and Daath **Physician** · Cordio respiratory /Medical Immediate Cause (Finel disease or condition resulting in deeth) arrest 25 mins Examiner Due to (or es e consequence of) gracture FEMUY Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted avents resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the et Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown F1002012 Completed by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes en autopsy performed? 1 Yes 2 No 1 Tes 2 No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this Certification: 27. Manner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? After 1 Neturel 2 Accident 5 Pending investigation death. 1 Yes 2 No **Director:** 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Cartifier Medical (Check only one)

within 24 hours eft To the Funeral Di completely filled in

State Registrar

31. Dete filed (Month, Day, Year)

29b. Signature end title of certifier



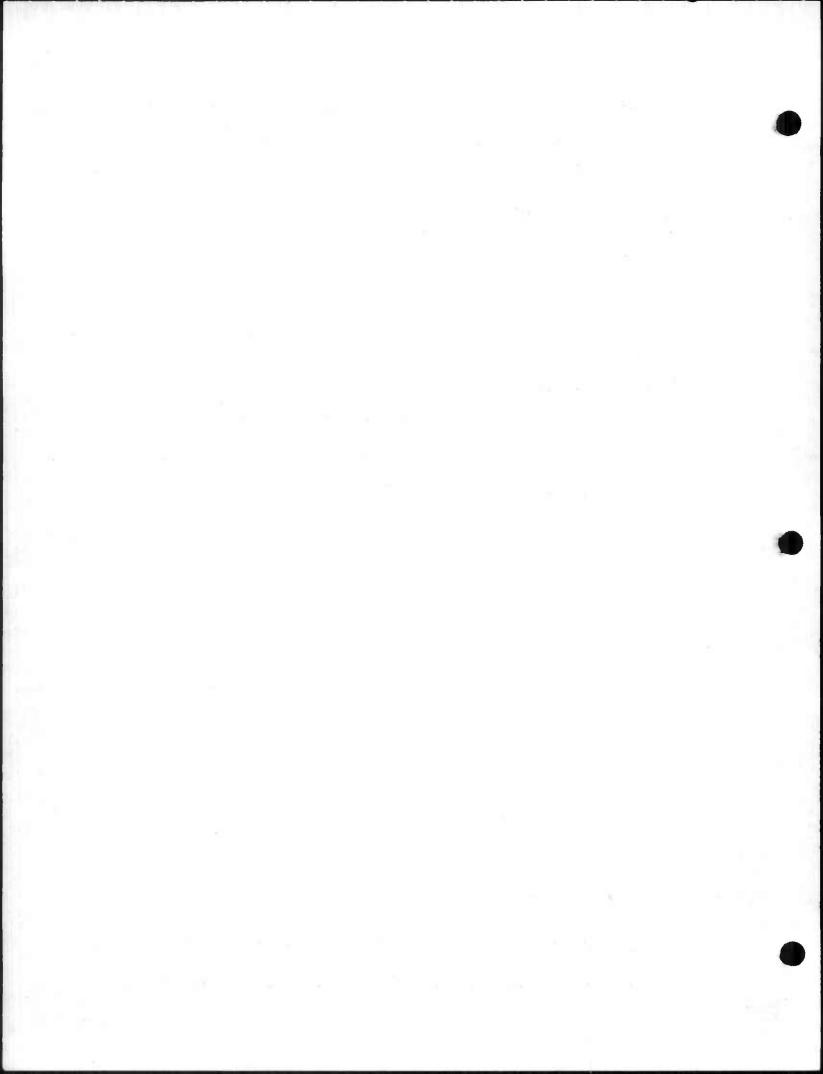
30. Name end eddrass of person who completed ceuse of deeth (Item 23e) (Type, Print)

Jorge AbregoMD

29c. License number

00051132

29d. Data signed (Month, Dey, Year)

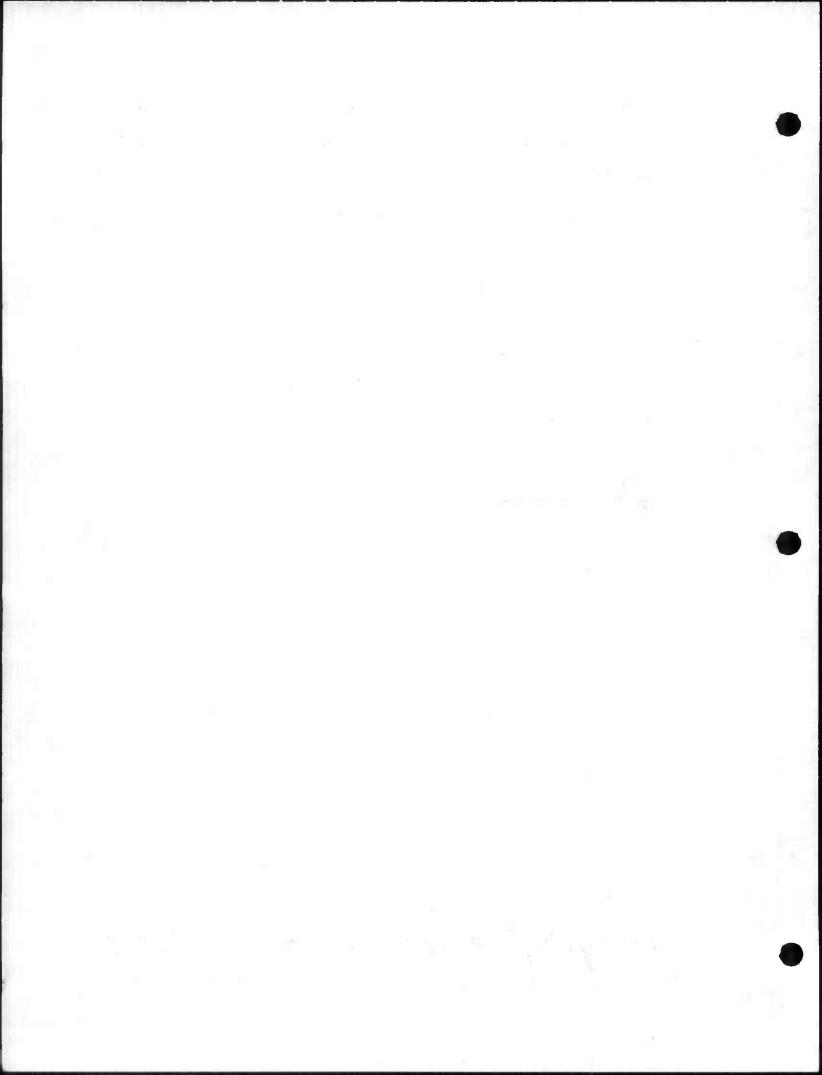


State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	e of	Death		Reg. N	10.			
г	Division	,	1. Decedant's Name (First, Mide	dia, Last)						2. Data of Month	Daelh		Vana	3. Tima of	Deeth
	Physic /Medi		OLIVER	HOWAR	D	CHRI	STOP	HER		MAR	26	19	97	10:07	7 AM
	Exami		4a. Facility Nama (If not instituti						4b. City, Town,	or Location of De	ealh 4	c. County	of Death		
			MEMORIAL H	OSPITAL					EASTON	I		TAL	BOT		
	Funeral		5. Social Security Number	6. Sax		yrs. last birthday,	Months	1 Year Days		lin. (Month.	Dav. Yaa	(r)	9. Birth	olece (Stata o	or Foreign
	Director		218-16-9262 Usual Residence of Decadant	1 CA(W) 2 CU I	72	Yrs.				7/1	7/24	1		ĬĎ.	
	and and		10a. Stata 10b. Count	у	10c.	. City, Town or L	ocation							IOd. Inside Ci	ity I Imits
	Many	0	MD. Car	oline		Feder	alsbi	ura						1 🗆 Yas	
	the use	Director	10e. Street end Number				10f. Zip				10a. C	Citizan of V	What Cour		
	rurs after death with the Manylan al, or Items 23a or 28a-f show Evantiner must be nothed at	0	5295 Prest	on Doad					632				USA	•	
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0	or Its		1 Navar Merried 2 Ma	rriad 1 Yas,	Forcas?		1 ☐ Yas 2		an, maxicen, Pu Specify:	erto Hicen, atc.)			ck, Whita,		
200	72 hours after death with the Maryland natural, or Nems 23a or 28a-f show diest Evaniver must be notified at	d by	3 ☐ Widowad 4 ☐ Divorce	d Year o	r Datas:		TO THIS Z	Y-1 140	эреспу.			Specify	v: W []	ite	
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an	o la b	Be C		· ·	han								ra)		
Maryland	d 2 should th and Men 7 Is marke traumatic	2	Howard E. C		ner	10h Maili	na Addrase	/Straat		tie T. Rural Routa Nur			Ctata 7is	Code	
Ma	d tra		Virginia C.		pher/k										163
re,	f Health tem 27 other tr		20a. Mathod of Disposition	0111 1000		b. Place of Dispo	osition (Nam	a of		Data	7	Location -			. 100
Baltimore	ant o art o y or		1√Deurial 2 □ Cramation 4 □ Donation 5 □ Othar (m Stata	dillcre				3/29/9			11		4D
alti	구투다를		21. Signature of Funaral Sarvice						ss of Fecility	912313	1	uei	a i s b	ur g , r	10.
m	Depa Impor		De 1/2				Will	iam	son Fu	neral	Home	9			
			23a. Part1. Entar tha disaasa, o shock, or haart failura. Lis	r complications the	at ceused the d	laath. Do not an	Fede	ordvir	S burg	MD 21	632 arrast.			Approximate	a
V.	Physician		shock, or heart failure. Lis	t only one causa o	n aach line.									Approximate Intarval Beh Onsat and [wean Daath
и	/Medicai		Immediata Causa (Final disaasa or condition	Ax	INXI	FnI	obli	20	both				i	6 de	NIK
ı	Examiner		rasulting in death)	a. ///	Dua to	o (or as a consar	quance of):	XX	Trund	9			-	000	75
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	ecute and trans	Examiner	Sequentielly list conditions,	6	Due lo	o (or as a consec	quance of):	010	gord	un i	NV				
30,	oe axe		Sequentielly list conditions, if eny, laading to Immadiata cause. Entar Underlying Causa (Diseasa or Injury thal Initiated avants	. Ca	Rdin	must	zalt	141						3 yes	285
68760,	entificate be axecuted ding physician end se as the bunal-transit	Medical	thal initiated avants rasulting in death) Last		Due to	o (or as 6 consec	quance of):	0						0	
×	ding p	Me		d. De	alrele	9 1	Yell	ili	is				1	yea	us
Bo	6.3	cian													
P.O.	9 6	Physician	Part II. Other significant conditi	ons contributing to	death but not	resulting in tha u	ndarlying ce	usa giv	an in Part I.	23b. D	id tobacc	O USS CO		the cause o	
	that the ned by the detach	by Pt	(1) Congest	ine h	east	fail	ure			ή	Yes	2□ No	3 Prol	bably 4 🗆	Unknowr
of Vital Records,	requires seen sign should be		a che	D	0	r0	4.1			24a. W	as an aut	opsy		are autopsy fi	
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Be	The law ate hes b	E C	5) Posible	8-1	laxe.	008	Dien	- A	0 100	9 4	7.4	N			
ta	delan: The	Be C	25. Was cesa referred to medical	rac	vwsw	Merc	LUSK	us	e ayung	Corue		2 No	1	Yes 2□	No
>	Physician: this certific rel director,	0	axa <i>m</i> inar? 1 ☐ Yes 2 ☑ No	Hospital:	Inpaliani 2	ER/Oulpatier	nt 3 DOA	Oth	or.	eath <i>(Check on)</i> Home 5□ Ra		e DOth	as (Casail	4	
0	g Phys er this erel di	n: T	27. Manner of Daalh	28a. Dai	ta of Injury	28b. Tima o		c. Injur Wor		28d. Dascrib	_			7)	
Division	ath. r: Afte	atio	1 Matural 5 ☐ Pandi 2 ☐ Accidant Invast	ng (Mi	onth, Day Year) Injury	M		k? Yes 2 □ No						
<u>Vis</u>	Afte ecto by th	tific	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide datem	nined 28a. Pla	ce of injury - A	t homa, farm, str	aal, factory,	office					er or Rura	/ Routa Numi	ber,
Ö	al Dir	Certification:	4 El Homoldo	Dui	lding, atc. (Spe	эсну)				City or I	Town, Sta	ia)			
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29a. Certifiar 1 Certifyii	ng Physician: To the Examiner: On the	he best of my k	nowledge, daath	occurred at	tha tin	na, date and pla	ce, and dua to th	e causa(s) and ma	inner as si	ated.	
	the Find	Medi		and ma	annar stated.	mation and/or in	vestigation, i	n my o	pinion, death oc	corred at the tim	e, data ar	id piace, a	and dua to	tne cause(s)	1
	5 × 5 0	-	29b. Signatura and titla of confifin	Ringh	MD	C0 00	29c.	Licans	a number		29d. D.	ata signed	d (Month,	Day, Year)	
			THE WAY	uniqu	119	1-1166	. !) 4	1/40		3/	26/	91		
			30. Nama and address of person							F	445				
			M. Christade 31. Deta filed (Month, Day, Year)				arvel	C	ourt,	Easton	,MD.	. 21	601		
	Sta Registr		MAR 3		Ragistrer's Sig	viden-Mar	de M								
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

				C	ertificat	e of	Death			Reg. No.	91	111	33
HUST		1. Decedent's Name (First, Middle, Las	t)						2. Date of De	ath	Walter	3. Time	e of Death
Physic /Medi		Walter	D. Car	penter					Month	24 19	Year 97	11:	47 A.I
Exami		4a. Facility Neme (If not Institution, giva					4b. City, To		ation of Deeth		nty of Death		
		908 E. Church Str	reet				Salis	bury		Wi	comic	0	
Funeral		Social Security Number 6. Se	7. Age (I	n yrs. last birthd	Months	1 Year Days		24 Hrs. Min.	8. Date of Birt (Month, Da	h v. Year)	9. Birthr	place (Sta	ta or Foreign
Director		222-03-6115 Usuel Residence of Decedent	8	OYrs	5.				March 2		7 Mil:	ford,	DE
Merylan 4 show	tor	10e. State 10b. County		Oc. City, Town o							1		e City Limits
the 128a	Director	MD Wicomico 10e. Street and Number		Salis	10f. Zip	Code				10g. Citizen o	of Whet Cour	ntry?	
3a o		908 E. Church Stre	oot		21	802				USA			
deeth	Funeral	11. Maritei Status	12. Wes Decedent Eve	r in U,S. 1	3. Was Dece		Hispenic Orlo	jin? (Spec	ify Yes or No		lace - Americ		,
d 2 should be filed within 72 hours efter deeth with the Maryland th and Mental Hygiene. 7 is marked other than "retural", or items 23s or 28s-f show traumetic event, the Marical Examinat must be notified at	þ	1 ☐ Never Merried 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorced	Armed Forces? 1 ☑ Yes 2 ☐ Now It Yes, Give Yeer or Dates:	WII	If Yes, special Yes			, Puerto R	lican, etc.)	Spec	llack, White,	etc. white	2
2 ho	B	15. Decedent's Edu	ucation	16a. De	cedent's Usu	ai Occu	pation			16b. Kind of	Business/Inc	dustry	
hin 7	Completed	(Specify only highast grad	College (1-4or 5+)	(G	iva kind of wo a. DO NOT u	rk dona se retire	during most d)	of workin	g				
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Vent Vent rked	10	William Edward Ca	arpenter				Emil:	y Lou	ise Bo	rtmas			
d 2 should be file th and Mental Hy 7 Is marked othe traumatic event		19e. tntomant's Name/Relationship (T)	ype, Print)	19b. M	ailing Address	(Stree	t and Numbe	r or Rural	Routa Numbe	er, City or Tow	vn, Steta, Zic	Code) 2	21802
alth 27		Kimber Cordrey		90	8 E. C	hur	ch St.	P.0	. Box	3351	Salis	bury,	Md
permit. Peges 1 and 2: Department of Health ar Important: If Item 27 Is any injury or other trau		20a. Method of Disposition		20b. Pieca of Di	sposition (Nar	na of thar pla	100)	i	Date	20c. Locatio	n - City or To	wn, State	
Pege nat: If ry or	0	1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		Bethe1		•	,	erv 3	3/27/97	Lewe	s. DE		
mit.		21. Signature of Funeral Service Ligens		9	22. Name en	d Addr	ess of Facility	/					
S S E S S		1 Poist	moboll	P	arse11	Fur	neral	Atl Home	cins-Lo	dge Ch	apel		
		23a. Pert1. Enter the diseese, or comp	iicetions thet caused the	death. Do not	enter the mod	King le of dv	no. such as	hway cardiac or	respiratory at	DE 19	1958	Approxir	nate
Physician /Medical Examiner	J.e	Immediate Cause (Final disease or condition resulting in death)	a. Can	U'NON e to (or as a con		Kw	ng,	Ų,			† †	Oriset er	nd Death
sacuted end al-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b. — Due	e to (or as a con	sequence ot):								
cete be executed physician end s the burial-transit	edical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c. Due	to (or es e con	sequence of):	 -							
attending p	ΙŽ		d										
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y the d	Physician/	Part II. Other significant conditions con		_	e underlying c	ause gi	ven in Part I.		/	obacco use			
as that the deeth co	by Pt	Amal fil	milanm	,					1/2	Yee 2□ No) 3∐Proi	bably 4	Unknow
been s	Completed b									an autopsy rmed?	av co	ere autopi ailable pri impletion death?	sy tindings or to ot cause
he lav	E O								101	res 2□No		☐Yes 2	P□ No
	BeC	25. Wes case reterred to medical					26. Place	of Death	(Check only o				
ysick is cert direct	0	exeminer?	Hospital:	2 ☐ ER/Outpa	tient 3 DC	Ot Ot	her		e 5 Resid		Ther /Specif	5/1	
Phy eral	J.	27. Manner of Deeth	28a. Date of Injury (Month, Day Ye			8c. Inju			8d. Describe t			,,	
th.: After e funer	100	Naturai 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Ye	pa <i>r)</i> Inju	м		nk?]Yes 2∐1	No					
of Attending Physicien: after death. I Director: After this certific d in by the funeral director,	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Piaca of Injury building, etc. (5	- At home, ferm, Spacify)	street, tactory	, offica	8	28	Bf. Location (S City or Tox	Street and Nu m, Stata)	mber or Rure	I Routa N	lumber,
To the Hospital or / within 24 hours after To the Funeral Direction completely filled in the com	edical C	29a. Certifier 1 Certifying Physics (Check only one) 2 Medicat Exami	stctan: To the best of m ner: On the basis of exa and menner steted	amination end/o	eth occurred r Investigation	et the ti	me, dete end opinion, deat	d placa, ar h occurred	nd due to the d d at the time,	cause(s) and date end plec	manner as s e, and due to	tated. the caus	e(s)
o the	Me	29b. Signature and title of certifier			290	. Licen	se number			29d. Date sig	ned (Month,	Day, Yea	r)
- s - ö		> WAY	-		1	2	1836			21:	25(9)	
		30 Nome and address at assess	ampleted source at death	/ltem 00=\ /*	an Poles'					201			
		30. Nemerand address of person who co	9.614	EDRI	eln	51	tori	ZE	m've	·SA	LISB	VR	y ma
Sta	ate	31. Date tiled (Month, MAR'2 6	1997 32. Register's	Miller	Carlett							-	

State of Maryland / Department of Health and Mental Hygiene Q 7 | | | | 5 C

						Certificate o	f Death		Reg. No.	/ !	1130
			1. Decedant's Nama (First, Middla,	Last)				2. Deta of De	ath Day	Yaar	3. Tima of Death
	Physic /Medi		BENJAMIN	M. CAMPHO	OR	CA	matur	MARCO		15)	1057
	Exami		4a. Facility Nama (If not Institution,	rive street and number)		4b. City, Town, or L				
			PENINSULA REGION	AL MEDICAL	CENTER		SALIS	SBURY	V	ICOMI	.CO
	Funeral		5. Social Sacurity Number 6		ge (In yrs. last b	irthday) If Undar 1 Yea		8. Data of Bir (Month, Da	th	9. Birthple	aca (Stata or Foreign
	Director	п	218-20-2771	125M 2□ F	56	Yrs. Months Day	s Hours Min.	1/16/	31	Md	
Н	D		Usual Residence of Decedant							110	
	ylen how		10e. Stete 10b. County		10c. City, Tov	wn or Location				10	d. Insida City Limits
	Me	tor	Md Wicom	ico	Tv:	askin					1 XYas 2 □ No
	r 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizan of	What Count	ry?
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a	2 should and Men ie marke sumatic		19a. informant's Name/Relationship	(Type, Print)	19	b. Meiling Addrass (Stre	et and Number or Ru	rai Route Numb	er, City or Town	Stata, Zip	Coda)
	5 = 2		Minnie Camph	or, Wife			kin Rd,	Tyaski	n, Md.	2186	65
re	of Heel		20a. Mathod of Disposition		20b. Place o	of Disposition (Nema of ary, cramatory or other p	lace)	Data	20c. Location	- City or Tov	vn, Stata
Ĕ			1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe			Veterans (4/7	Hurlo	ck. I	БМ
Baltimore,	pemit. Peg Department Important: I eny injury o		21. Signature of Funesal Service Lic	* *	17						
ä			12 / 1	100-4	/		k funera			ROX	61
	_		220 Parts Enter the disease Parts	Mesocia	d the death. De		e, Maryl				Annual Indian
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	end el-tra	хаг	Sequantially list conditions, if eny, laeding to immadiata cause. Enter Undarlying Cause (Disease or injury		Dua to (or es e	consequence of):					
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	requiras thet the death ce seen signed by the attendi	ysic	Part ii. Other significant conditions	pontributing to death I	out not resulting	in the undarlying causa	givan In Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
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orc	v require been si should	Completed				•		24a. Was perfo	an autopsy rmed?	ava	re autopsy findings ilable prior to
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Vis	Attending ir deeth. actor: After by the fune	Hice	3 ☐ Sulcida 8 ☐ Could not	d 28a. Place of in	jury - At homa, f	arm, streat, factory, offic	9		Street and Numl	ber or Rural	Routa Number,
ā	Die afte	Certification:	4 ☐ Homicida	building, a	(c. (Specify)			City or To	wn, Stata)		
	spits nours nere		29a, Cartifiar 1 Certifying I	Phyaician: To tha best	of my knowledg	e, daeth occurred at tha	tima, data and place,	and dua to the	cause(s) and m	enner as sta	ated.
	P Full	edical	(Check only 2 Medicat Ex	aminer: On the basis of and menner st	of axamination e	nd/or invastigation, in my	oplnion, daeth occur	rred et tha tima,	date end placa,	and dua to	tha causa(s)
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funerel Director: After th completely filled in by the funerel	Me	29b. Signeture end title of cartifiar			29c. Lice	nse number		29d. Date signe	d (Month, D	Dey, Year)
	F S F Ö		CURROTTI	W Ida-	n.		6225		3/29		
		4	1008	, 041	V		4141		5/27	777	
		4	30. Nama and address of person what TAN. CANSTANT	o complated causa of	death (item 23a)	(Type, Print)	Sclada!	LUO	2120)	
	Sta	- 1	31. Data filed (Month Par Year)	1997 32. Propist	rar's Signatura	P	300 4/10)	100		
	Registr	ar	11 01	Jam.	Dhuller	hardall					

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** LANNA CLIFTON CARBAUGH 26, 1997 March 8:30 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Frederick Health Care Center Frederick Frederick Hours Min. 8. Date of Birth (Month, Dey, Year)
May 30, 19 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthday) If Under 1 Year 9. Birthplece (Stete or Foreign **Funerai** Months Days 214-09-1471 88 Yrs. 1908 Director Maryland Usuel Residence of Decedent the Maryland 10b. County 10e Stete 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 No Maryland Frederick Frederick 10e. Street end Number Frederick Health Care Center Zip Code 10g. Citizen of Whet Country? Items 23a or 30 North Place 21701 U.S.A. death Funeral 11 Maritai Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian Bieck, White, etc. filed within 72 hours efter 1 Never Married 2 Married 1 ☐ Yes 2 Ž No if Yes, Give Year or Dates: natural, or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White À 3 ₩ Widowed 4 Divorced Be Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) reportment of Health end Mental Hygien Important: If Item 27 is marked other that any injury or other traumatic averages. Repairman Motor Repair 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Nicholas June Carbaugh Millie Emma Fogle 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) E. Viola Ahalt/Niece 13 East 13th Street, Frederick, Maryland 21701 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Blue Ridge Cemetery 3/28 Thurmont, Maryland 21. Signature of Fundral Service Lice 22. Name end Address of Fecility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 15 EAST MAIN STREET, THURMONT, MD 21788 23e. Pert1. Enter the disease shock, or heart failure. enter the mode of dying, such es cardiac or respiretory errest, Approximete Interval Between Onset end Death **Physician** /Medical immediete Ceuse (Finel NOMUS disease or condition resulting in death) Examiner Physician/Medical Examiner physician end s the buriel-transit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Que to (or es e consequence of): Box 68760. Due to (o) es a consequence of): for use es P.O. | Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Probably 4 Unknown 1 Yes 2 No signed b Records, by 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? page 2 should 24a. Wes en eutopsy performed? Completed The lew hes certificate 1 Yes 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: director. Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Designation | 1 | Residence | 8 | Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this within 24 hours efter death.

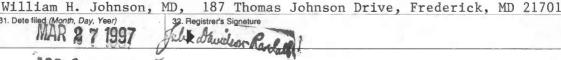
To the Funeral Director: After this completely filled in by the funeral of 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Hospital Medical 29a. Certifier Scartifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

State Registrar

31. Dete filed (Month, Day, Yeer) MAR 2 7 1997

29b. Signature and title of gertific



30. Neme end andress of person who completed ceuse of deeth (item 23a) (Type, Print)

29c. License number

29d. Dete signed (Month, Dey, Year)

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the

State of Maryland / Department of Health and Mental Hygiene

158 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Daath **Physician** Month Berryhill Alice 28 1997 Corbin 2:30AM March /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Annapolis Nursing & Rehabilitation Center Annapolis Anne Arundel If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, 7. Age (In yrs. last birthday) Birthplaca (Stete or Foreign Country) **Funeral** Days Hours 1□M 2QF 254-32-0950 88 Vrs Director Texas Usual Residence of Decedent with the Maryland 10a Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits of Health and Manial Hygiene. Item 27 Is marked other than "natural", or Items 23s or 28s-f show other traumstic event, the Medical Examinat must be notted at 1 Yes 3 No Directo Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 71 Bay Drive Funeral 21403 e filed within 72 hours efter death all Hygiene.
other than "natural", or items 23. United States 14. Raca - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXVo Specify: þ Specify: 3√Widowed 4 □ Divorcad White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decadant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collage (1-4or 5+) Homemaker Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event. 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumame) Be Millard L. Berryhill To Kathryn Denton 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Judith C. Housley (Daughter) 125 E. Lake Drive Annapolis, Maryland 21403 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Crematory 3/29/97 Brentwood, Maryland 22. Name and Address of Facility
John M. Taylor Funeral Home, Inc. Signature of Funeral Service Licer 147 Duke of Gloucester St. Annapolis, MD 21401 hidns that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, cause on each line. Part1. Enter the disease, or compile shock, or heart failure. List only on Physician /Medicai Immediata Cause (Final 40 ars diseasa or condition rasulting in death) almen Examiner or as a consequence of): The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to Immediate cause. Enter Undarlying Causa (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) physician s the burial Box 68760, Physician/Medical Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu cartificata 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No or Attending Physician: director. 25. Was case referred to medical Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Hursing Home 5 Residence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Pending 1 Yes 2 No death. 2 Accident investigation Director: / 6 ☐ Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) after 4 Homicida in 24 hous. the Funeral Direction Hospital Terrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical within 24 hor To the Fune completely fi (Check only one) 29b. Signature and pla of certific 29c. License number 29d. Date signed (Month, Day, Year) D05192 March 28, 1997 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print) 1833 Forest Drive Annapolis, MD 21401 (410-263-0770) Richard I. Hochman, M.D. 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State Tuha Davidson-Randell Registrar APR 0 2 1997

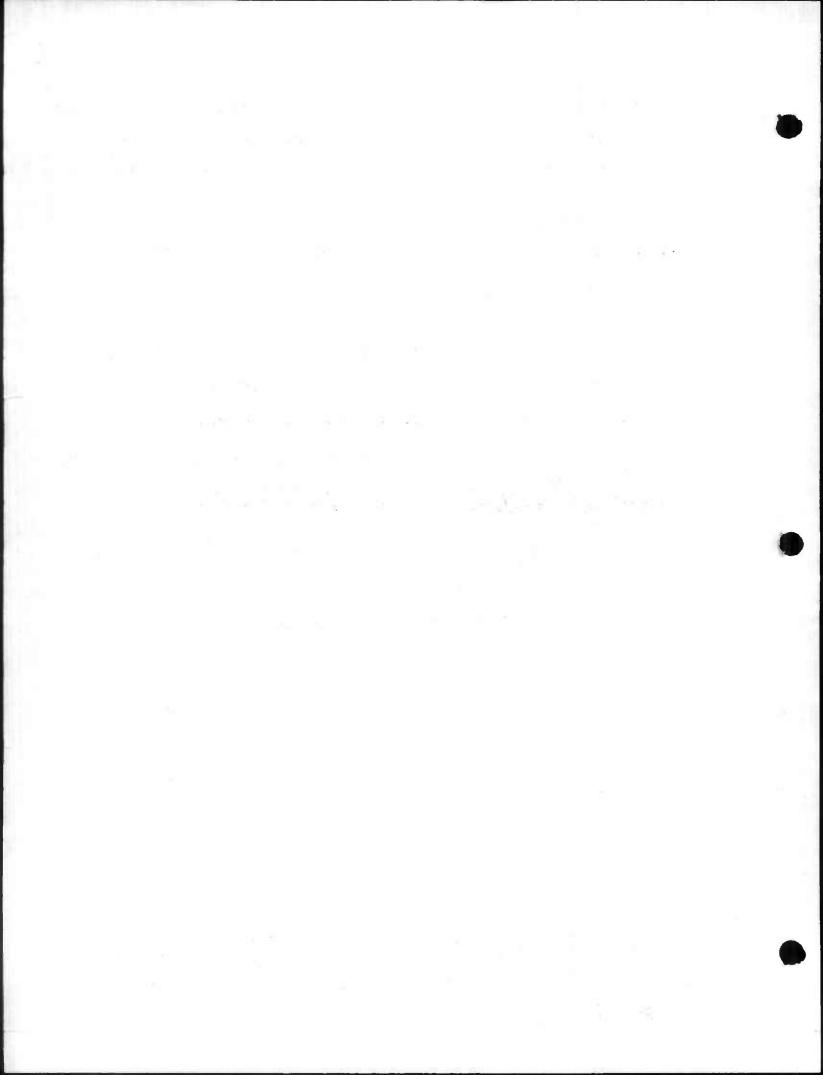
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		State of	f Maryland		artment of H		nd Mental Hy	giene C	7	11159
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Exam	mer	707 Arundel Place					polis		e Aru	ndel
Funera Directo	_	5. Sociel Sacurity Number 6. Sex 1 □ M 2 □ F	7. Age (In yrs. last	t birthday) Yrs.	If Undar 1 Year Months Deys		•	h V. Yeer) 1921	9. Birthpl Count New	ece (State or Foreign lry) Jersey
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vith th	Director	10e. Street end Number			10f. Zip Code	21/0		10g. Citizan of V		
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Baltim pemit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licenses	FOLE					Brentwo		Home, Inc.
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								Death			Reg. No.		
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/Med		HARVEY STAN								MARCH	31	1997	
Exami	ner	4e. Facility Name (If not instituti SACRED HEAR						CUM	BERL		AL	LEGAN	
Funeral Director		5. Social Security Number 173–14–3409	6. Sex 11€AM 2□ F		rrs. last birth Yı	Months	Days		24 Hrs. Min.	8. Date of Birth (Month, Dey OCT 15	Yeer) 191	9. Bir C 1 PEI	thplaca <i>(Stete or Foreigountry)</i> NNSYLVANIA
and and		Usual Residence of Dacedent 10a. State 10b. Count	ty	10c.	City, Town	or Location							10d. Inside City Limit
8a-f sho	Director	PA BE	DFORD			IDMAN							1 ☐ Yes XX
23a or 2		R. D. 1, BOX	583			10f. Zi	Code 15	545			-	of What C	ountry?
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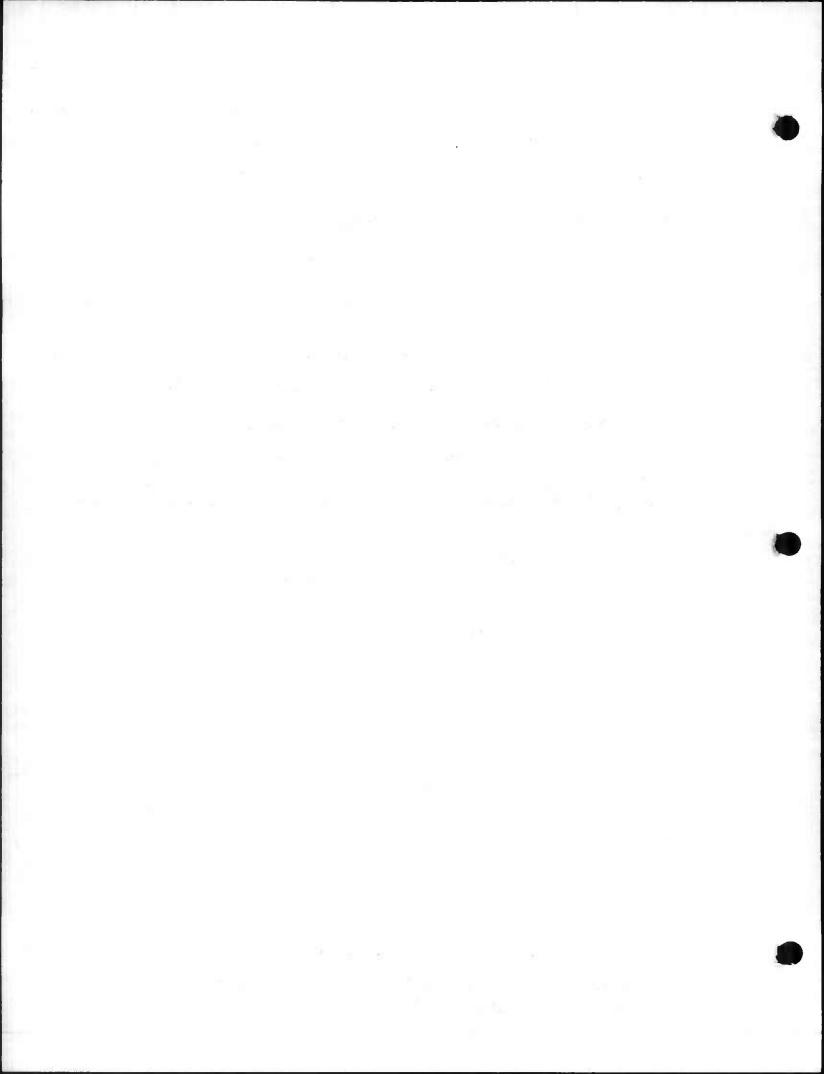
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Department Department Important:		21. Signature of Funeral Service Trick	ension		>				ss of Facility 1 ith Flary 1 a		21689m	e			
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State of Maryland / Department of Health and Mental Hygiene 97

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						Certi	ficate of	Death			Reg. No.		1 1 1	0 6
			1. Decedant's Neme (First, Middl	e, Last)						2. Date of De		V	3. Time of D	Death
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Н	Funeral	г	5. Sociel Security Number		ge (In yrs. lest b		f Under 1 Year	if Under				9. Birthpi	iece (State or	Foreign
	Director	п	220-28-2633	1□ M 🗶 F	66	Yrs.	Months Days	Hours	Min.	8. Date of Bird (Month, Da Feb. 1	y. Year) 31	Mari	Rand	
_			Usuei Residence of Decedent								, , , , ,	11,00 00	7-000700	
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	72 hours after death with the Maryland natural; or items 23a or 28s-f show	Funerai	11. Marital Status	12. Was Decedent Armed Forces?	?	13. Was	s Decedent of Hes, specify Cuba	tispento Orig an, Mexican	gin? (Spec i, Pu <i>e</i> rto F	city Yes or No lican, etc.)		ck, White,		
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a	2 sho and is me		19e. Informent's Name/Relations	hip (Type, Print)	19	b. Meiling A	Address (Street	end Numbe	er or Rural	Route Number	er, City or Town	, Steta, Zip	Code)	
	1 and 2 Haalth am 27 i		Sue Whittingto	n-daughter	-	P.O.	Box 34	Ne	wark,	MD 21	841			
re	of Ha		20e. Method of Disposition		20b. Place	of Disposition	on (Neme of ory or other piec		T .	Date	20c. Location	- City or To	wn, Stete	
altimore,	permit. Pages 1 and 2 should be filed within 72 hours after daath with the Marylan Department of Haalth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Marcral Exercises in the force. Once.		1 Buriel 2 Cramation 4 Donetion 7 Other (S				rden of		111 3-	28-97	Newark	MD		
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State of Maryland / Department of Health and Mental Hygiene	97		6	3
Certificate of Death				

					Certificate o	f Death	Re	g. No.	
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Examine	-	4a. Facility Name (If not institution,	give street end number)			4b. City, Town, or	Location of Deeth	4c. County of	Death
	e.	BERLIN NURSING 8	REHABILIT	ATION C	ENTER	BERLIN		WORCE	STER
Funeral Director		5. Sociel Security Number 217-36-0733 Usual Residence of Decedent	. Sex 7. Ag	ge (In yrs. last bii 97	Yrs. If Under 1 Yes Months Day				. Birthplace (State or Foi Country) MARYLAND
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284 months	2	10e. Street end Number	J Z Z II	DLI	10f. Zip Code		10	g. Citizen of Wha	at Country?
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within 72 hours ene. then "neture!",	Completed	15. Decedent'a (Specify only highest (Elementery/Secondery (0-12)			Decedent's Usual Occ (Give kind of work don life. DO NOT use reti	upation e during most of wo red)	rking	6b. Kind of Busin	ess/industry
filed with	3	7			HOMEMAK	ER		OWN_HO	ME
12 should be filed h and Mental Hygir is marked other traumetic avent,	0	17. Fether's Name (First, Middle, La ISAAC PARSON				18. Mother's Na	me (First, Middle, N	faiden Sumame)	
od Mount	-	19e. Informant's Name/Relationship	-	19h	. Mailing Address (Stre			City or Town St	ate. Zin Code)
d 2 in the st		DOROTHY W. COMBS			08 CEDAR L				
Peges 1 end 2 should be filed nent of Heelth and Mental Hyg int: If item 27 is marked other ury or other traumetic avent,		20a, Method of Disposition 1 X Burial 2 Cremation 3 4 Donation 5 Other (Spe	□Removai from State	20b. Pleca o cemete	Disposition (Name of ry, crematory or other p	lece)	Dete 2	20c. Location - Cit	
permit. Pege Department of Important: If any injury or once.		21. Signature of Funerel Service Lic	Il of		22. Name and Add	FUNERAL H	OME. SELF	SYVII.I.E.	DELAWARE 1
Physician /Medical Examiner		23a. Part. Enter the disease, or conshock, or heert failure. List on Immediate Cause (Final disease or condition resulting in death)	a. te	RMI	nal f			ist,	Approximate Interval Between Onset and Death
executed in end in-trensit	0		b.	PILA	-X1m				
physician end the buriel-trensit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	· A-	Due to (or as a	consequenca of):				
certificate be executed in the properties of the purel-tree in the	200	that initiated events resulting in death) Last	■ d	Due to (or as a	consequence of);				
es that the death certific igned by the ettending p be detached for use as	y ruyarcia	Pert II. Other eignificant conditions			buta to the cause of de				
s been s 2 should	inpleted to				-		24a. Was ar perform	autopsy ned?	24b. Were eutopsy findin aveilable prior to completion of cause of death?
The la	3						1 □ Ye	s 2 (XNo	1 ☐ Yes 2 No
Physician: The rate or this certificate or this certificate or the control of the		25. Was case referred to medical examiner?				26. Place of De	ath (Check only one	9)	
Physic this ceral director		1 Yes 2 XNo	Hospital: 1 ☐ inpatio	ent 2 ER/Ou	tpetient 3 DOA	Other: 4 Nursing I	dome 5 ☐ Reside	nce 6 Other	(Specify)
Ing Physician: After this certific uneral director,		27. Manner of Deeth 1 ♣ Naturai 5 ☐ Pending	28e. Date of Inju (Month, Da		Time of 28c. in njury W		28d. Describe ho		

To the Hospital or Attending Phy within 24 hours effor death.

To the Funeral Director: Affor this completely filled in by the funeral of **Division** o

1 Certifying Phyelclan: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

29b. Signature and the of certifier

2 Accident 3 Suicide

4 Homicide

29a. Certifier (Check only one)

29c. License number

1 Yes 2 No

29d. Date signed (Month, Day, Year)

5 Pending Investigation

6 Could not be determined

D02026

281. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

FEDERICO G. ARTHES, MD 1622AA OCEAN PINES 21811 BERLIN 31. Date filed (Month, APR at 1 1997

32. Besignar's signature

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

State Registrar

Medical Certification:

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | | | 64

						Ce	ertifica	ate of	Death		F	leg. No.			
Dhualalan		1. Decedent's Nem	a (First, Middle, La	ist)							2. Dete of Dea	th	V	3. Time o	f Death
Physician Medical/			JAMES	Ε.				Das	hiells	R.	Month	19. /9	Yeer 797	054	18
Examiner		4a. Facility Neme (I	f not institution, giv	re street and nur	m <i>ber)</i>				4b. City, Tow		ation of Death	4c. Coun	ty of Death		
			LA REGIO	NAL MEDI	CAL CE	NTER			SAL	ISBU	JRY	W	ICOMIC	00	
uneral irector		5. Sociel Security N 215-20-2	2275	Sex 1☐M 2☐F	7. Age (In yrs	. le <i>st birthd</i> ey Yrs.) If Unc Month	ler 1 Yaar s Days	If Undar 24 Hours	4 Hrs. Min.	8. Data of Birth (Month, Dey 11 26	Year) 27	9. Birthp	lace (Stete of the lace) LTLAND	or Foreign
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be not sed sh De not sed	3	10e. Street and Nur		1100	111	OTILLA		ip Code			1	0g. Citizen o	What Cour		X
0 8 0	5		NE STREET					218				US	A		
Examiner must		11. Marital Stetus 1 Never Merri 3 Widowed	ed 2 Married	12. Was Dece Armed Fo 1 Ves If Yes, Giv Yaer or De	rces?	J,S. 13.	_	edent of heecify Cub	dispanic Original of the second of the secon	n? (Spec Puerto R	oify Yas or No- lican, etc.)	Spec	ace - Americ eck, White, ify: BLA	etc.	
natural Ex		(Spec	15. Decedent's Enify only highest gre	ducation		16e. Dece	edent's Us	uel Occup	oetion	of work in		16b. Kind of	Business/Inc	lustry	
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Important: If Item 27 any injury or other tr once.	2		osition Cremetion 3 5 Other (Specif		State	Plece of Disp cemetery, cre	metory or	other pla		3-		20c. Location		-	
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completely filled in b	2	9a. Certifier (Check only one)	Certifying Phy	ysician: To the t iner: On the ba- end mann	sis of exemina	wledge, deet tion end/or In	h occurred vestigetio	d et the tin n, in my o	ne, dete end p pinion, deeth	olace, en	d due to the ce I et the time, de	euse(s) end m ete end pleca	enner es ste , and due to	eted. the ceuse(s	:)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1. Decedent's Neme (First, Middle, Last) 3. Tima of Death dA 0017 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death NaApolis -undel If Under Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Months Days 1□M 2XF Yrs. 370-32-7534 85 22 1912 Nova Scotia Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☐ No Prince Georges Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8708 Baskerville Place USA 20772 12. Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☐No If Yas, Give Year or Detas: Race - American Indien, Black, Whita, etc. Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Merriad 2 ☐ Married 1 ☐ Yas 2 🖾 No Specify: Specify: 3 Widowed 4 Divorced White 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Home 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) William Frederick Ciffin Ethel Phoebe Ryan 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 2 0 7 7 2 Ruddick 8708 Baskerville Place Upper Marlboro MD Sharyn 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetary, cramatory or other place) Dete 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Catonsville, MD 21. Signeture of Plinaral Se 22. Nama and Addrass of Fecility Barranco & Sons PA Severna Park Funeral 495 Ritchie Hwy Severna Park MD Entar tha disaasa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Deeth tmmediata Causa (Final diseasa or condition rasulting in daath) usufficiency UNK Ardio pujo Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in death) Lest Dua to (or as a consequance ot): Dua to (or as a consequance ot): Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given to Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Was casa ratarred to medical 28. Placa of Death (Check only ona) examinar? 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 22 ER/Outpatient 3 DOA 1 Inpatiant 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Director

Funerai

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Completed

MD

Funeral

Director

7 is marked other than "natural", or frems 23s or 28s-f show traumetic event, the Medical Examiner must be notified at

"natural", or

permit. Peges 1 and 2 should be filed within 72 t. Department of Health and Mental Hygiene. Important: If item 27 Is marked other than "naturant pingury or other traumatic eventual."

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72 hours after

Baltimore, Maryland 21215-0020

Be 5

buniel-transit and Physician/Medical the 98 for use es 980 p Completed Certification:

that the deeth certificate be axecuted P.O. Box 68760, been signed by the should be detached Records, cate has l certificate Division of Vital Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica etely filled in by the funeral director, p 24 hours To the Hospi within 24 hou To the Funer completely fil

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Registr	a

Medical

31. Data filed (Month, Day, Year) APR 0 2 1997

5 Panding Invastigation

6 Could not be

Natural

2 Accident

3 ☐ Suicide

29a. Cartifiar

4 Homicida

29b. Signetura end titia of certifiar

LilliA



29c. Licansa number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner stetad.

1 Yas 2 No

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

32. Ragistrar's Signetura relia Davidson-Randelle

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Doyle 27,1997 3:44 Pm otherine March /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LOPKINS HOSPITAL Baltimore City If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Aug. 15, 1968 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign Country) 1□ M 2□ F Yrs. 211-62-9501 28 Director Pennsylvania Usual Residence of Decedent 10e. State 10b. County 10c, City, Town or Location must be notified at 10d. Inside City Limits 1 ¥ Yes 2 □ No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 18602 Walkers Choice 20879 United States of America Funeral Herra 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status Peges 1 end 2 should be filed within 72 hours efter dinent of Health and Mental hygiene.
ant: If item 27 is marked other than "natural", or hem ury or other traumetic event, it a Medical Examment. 1K Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Certified Public Accountant Government altimore. Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Doyle Mary Alice Langan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph Doyle - Father 109 Upland Tr. Clarks Summit, PA 18411 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBurial 2 Cremetion 3 Removal from State Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) 4/1/97 Cathedral Cemetery Scranton, Pennsylvania 22. Name and Address of Fecility of Funeral Service Licensee #M00690 Vanston Funeral Home auson 142 South Main Avenue, Scranton, PA 18504 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physiclan** /Medical Immediate Ceuse (Final Herniation 12 hours disease or condition resulting in death) Examiner Physician/Medicai Examiner iffuse 48 hours Cerebral The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) the buriel-trer 10 days Box 68760, ettending physician for use es the burie IVer Failure Due to (or as e consequence of): P.O. | signed by the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? HodgKins 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ※ Unknown Disease Division of Vital Records, þ Be Completed 24b. Were autopsy findings eveilable prior to 24a. Was en eutopsy performed? peed completion of cause of death? After this certificete has 1 X Yes 2 No tal or Attanding Physician: These steer death.

It is blivector: After this certificate led in by the funeral director, pa 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medica 29a. Certifier (Check only one) 29b. Signeture and tile of certifier 29d. Date signed (Month, Dey, Yeer) 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Johns Hopkins Hospital, Baltimore, Maryland ISAAC, MD. 32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

APR 0 3 1997

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daeth Month 2, 1997 April Margie Н. Ennals 02:15 4a. Facility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death @ Easton Talbot Memorial Hospital Easton 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 6 Sax 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Data of Birth (Month, Day, Year) 1 M 200 F Months Days Hours Min 214-07-840 Yrs. ug. 24, 1918 Maryland Usual Rasidance of Dacadant 10b Count 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland Dorchester Cambridg 10g. Citizan of What Country? Circle 21613 U.S. 10/2 ia 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 Yas 2 No Specity: Black 3 Widowed 4 □ Divorced 15. Decedant's Education (Spacify only highest grade completed) 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) NURSES Aide NURSING HOME 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) BRANNOCK Rufus Mary Hooper 19a. Informant's Name/Ralationship (Type, Print) Ave. Cambridge Maryland Maky Eliott 20a. Mathod of Disposition 1 Deurial 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Name of cemetery, crematory or other place) ROCK CEMETERY 4 ☐ Donation 5 ☐ Othar (Specify) Christ 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility HENRY FUNERAL 21613 Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, nock, or heart failure. List only one cause on each line. Maryland Approximata Interval Batwaan Onset end Death Immadiata Causa (Finel diseasa or condition rasulting in daath) Sepsis dan Sequentially list conditions, if any, laading to Immediata ceusa. Entar Underlying Causa (Disaasa or Injury thel Initiated evants rasulting in daath) Last Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death?

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral Director

Be Completed by

2

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If ten 271s marked other than "natural" or the any Injury or other trainment.

Physician/Medical Examiner certificate has been signed by tirector, page 2 should be detect Certification: To Be Completed by this within 24 hours effer death.

To the Funeral Director: After this completely filled in by the funeral

the Hospital or Attending Physician: The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

Hyperteus	ou.				1 ☐ Yes 2 ☐ No	3 □ Probably 4 Sinknown
					24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No
25. Was cesa rafarrad to medicel axaminar?	t to a cital				ath (Check only one)	
1 ☐ Yas 2 X No	Hospital: 1 Inpatlant 2	ER/Outpatient 3	DOA	Othar: 4 Nursing	Homa 5 ☐ Rasidance 6 ☐ Ott	nar (Specify)
27. Mannar of Death 1 ★Natural 5 □ Panding 2 □ Accidant Invastigation		28b. Time of Injury	28c.	Injury et Work? 1 Yas 2 No	28d. Dascribe how injury occur	red
3 Sulcide 6 Could not to 4 Homicida datarmined		ioma, farm, straat,	factory, o	ffica	28f. Location (Street and Numb City or Town, State)	ber or Rural Route Number,

29a, Cartifian

1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and titla of certifier

29c. Licensa number

29d. Dete signed (Month, Day, Year)

4/2/97.

D46020

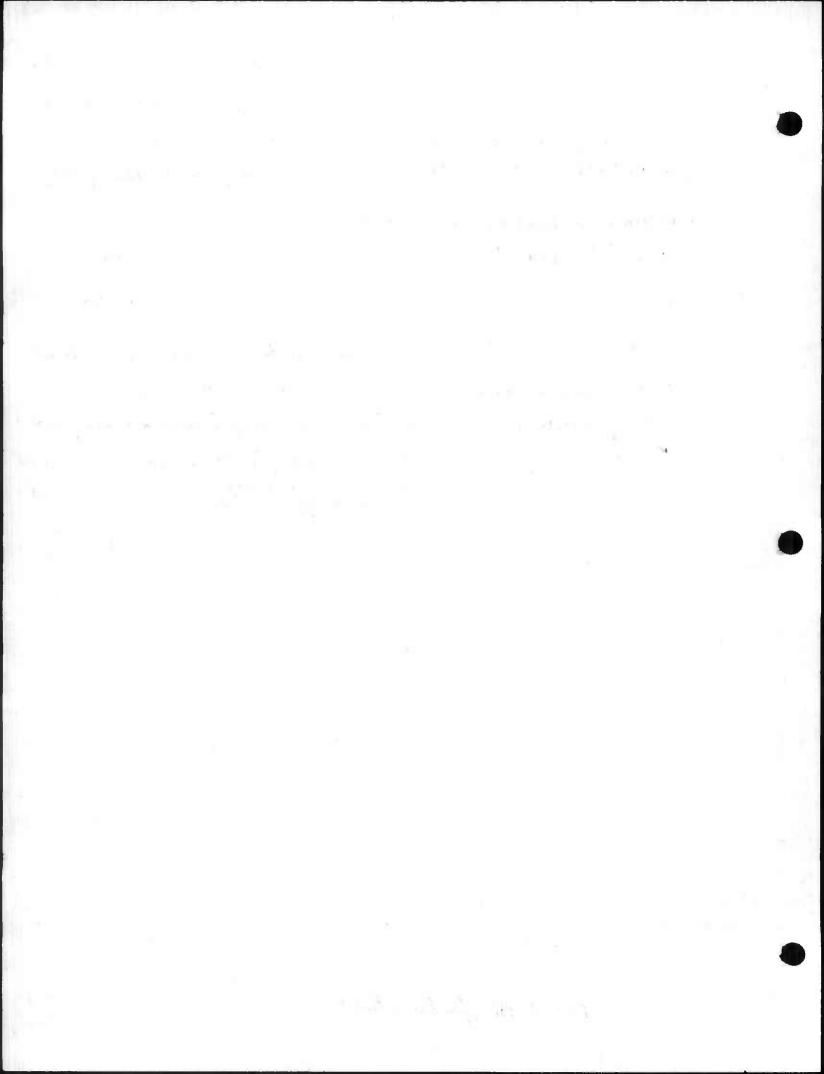
30. Nama and address of parson who complated ceusa of death (Itam 23a) (Type, Print)

506 Idlewild Ave, Easton, MD 21601 Syed I. Ali, M.D.

Registrar

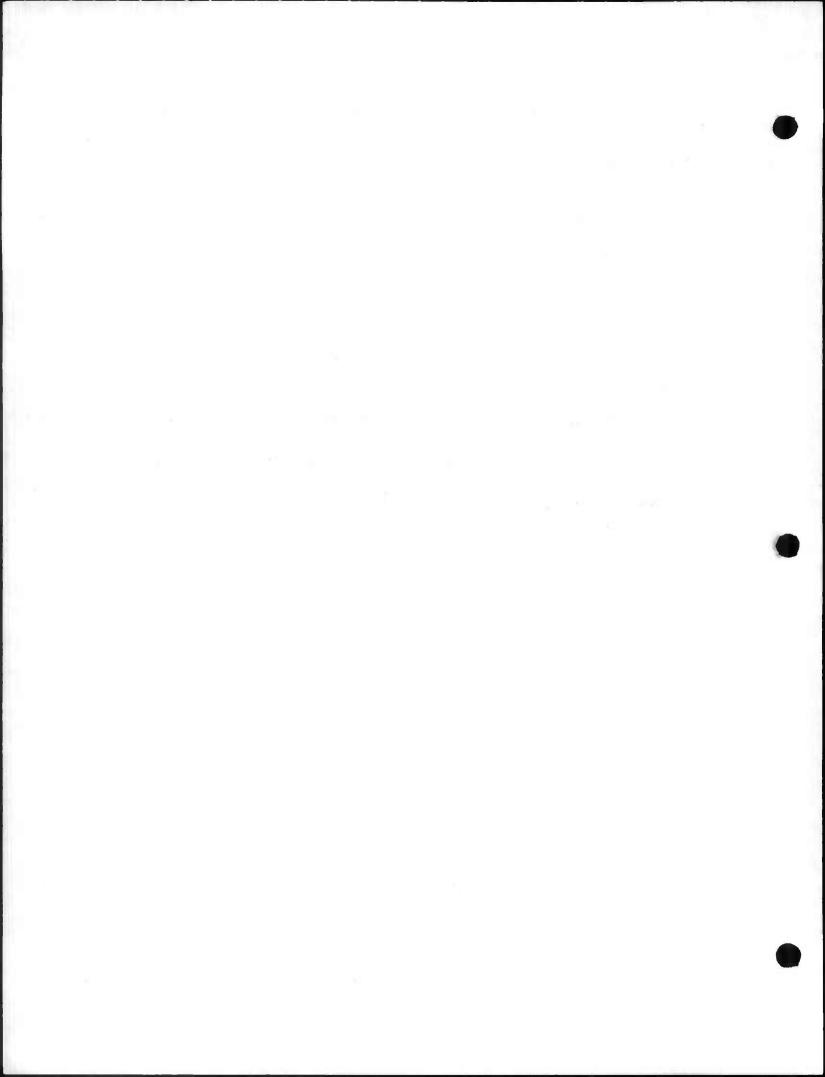
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32. Registrar's Monature Davidson Randall 31. Data filed (Month, Day, Year) 4/2/97 APR



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П	Physici	an	1. Decedent's Name (First, Middle,	Last)			2.	Date of Deeth Month	Dey Yes	3. Time of Leasth
J	Physici /Medi		APRIL	LOUISE		ERVIN	M		199	
	Examir	ner	4e. Fecility Neme (If not institution,		er)		4b. City, Town, or Locati	n.	4c. County of Do	eeth
L			1250 PETERS 5. Social Security Number		Age (In yrs. last birthda)	() If Under 1 Year	SUDLERSV			N ANNES
a	Funerai Director		217-11-6831	1□M 2√2√F	16 Yrs.	Months Deys	Hours Min.	Dete of Birth (Month, Day, Y rch 30,	1980 M	Birthplece (State or Foreign Country) [aryland
	and and		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Town or I	ocation				10d. Inside City Limits
	Mary 1 sho	ō	Maryland Queen	Annes	Sudlersy	ville				1 ☐ Yes 2 ☑ No
	r 28s	Director	10e. Street and Number			10f. Zip Code		10g	. Citizen of Whet	Country?
	h with	ai D	1250 Peters Cor	ner Road		2166	68		U.S.A.	
Maryland 21215-0020	within 72 hours efter death with the Maryland ene. then "natural", or items 23s or 28s-f show he Madical Examiner must be notified at	by Funeral	11. Marital Status NGNever Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decede Armed Force d 1 Yes 29 If Yes, Give Yeer or Dete	s? ⊒ X No	. Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 ☐ No	dispento Orlgin? (Specify en, Mexican, Puerto Rica Specify:	Yes or No- an, etc.)	Bleck, W	merican Indien, hite, etc. White
5-0	s within 72 hours jiene. r then "netural", the Mes cal Ex.	Completed	15. Decadent's (Specify only highest	Education grade completed)	/Giv	edent's Usual Occup e kind of work done	during most of working	16	b. Kind of Busine	ss/Industry
121	within ene. then	mpi	Elamantary/Secondary (0-12)	Collaga (1-4d	or 5+)	DO NOT use retire	d)			
d 2	Hygi at		11 17. Fether's Neme (First, Middle, Li	ast)		Student	18. Mothar's Name (Fi	irst, Middle, Ma	idan Sumame)	
lan	2 to 2 to 2	To Be	James Fredrick E	rvin, Jr.			Cynthia L	ouise J	ones	
lan	2 shou and N Is mar		19a. Informent's Neme/Ralationshi				and Number or Rural R			
	4430		James F. Ervin,	Jr./Father			orner Road,			Maryland 216
Baltimore,	permit. Pages 1 en Depertment of Heal Important: if item 2 any Injury or other pace.		20a. Method of Disposition **Burlel 2 Cremetion 3 4 Donetion 5 Other (Spe	B □Removel from Ste	20b. Plece of Disp cemetery, crit		tery/March	28, 199	c. Location - City 7 Sudler	or Town, Stete Maryland sville,
Ball	Depertiment Import		21. Signeture of Funeral Service LI	censee			elfenbein & Road, Chest			Home, P.A.
0x 68760,	Physician certificate be executed the attending physician and the attending physician and the physician are the physician are so the physician are the physi	Physician/Medical Examiner	23a. Pert1. Enter the disease, or conshook, or hear tailure. List of the shook, or hear tailure. List of the shook, or hear tailure. List of the shook of the sho			oquence of):	+ Wound			Iniarval Between Onset end Deeth
Box	atten atten	ciar	Data December 1							
O.	y the	hys	Pert II. Other significant condition	e contributing to death	but not resulting in the	underlying cause giv	ven in Pert I.			ute to the cause of death? Probably 4 □ Unknown
S, D		by P						10 100	2010 30	Probably 4 Onkilowii
Records,	aw requir ss been s 2 should	Completed						24e. Wes en e performe		b. Were eutopsy findings eveileble prior to completion of cause of deeth?
	0 - 5	Con						1/2 Yes	2 🗆 No	1 Yes 2 No
Vital	ysician: The	Be	25. Was case rafarred to madical exeminer?				26. Pleca of Daath (C			
to	Phys this ral di	To	1) Yes 2 □ No 27. Manner of Daeth	Hospitel:	itiant 2 ER/Outpetio		ner: 4 Nursing Home			pecify)
	ding in. After fune	Certification:	1 Naturel 5 Panding	(Month, i	Day Year) Injury	Wo	dr 2	subject	Shel-	sell
Division	Attending r deeth.	fica	3⊠ Suicide 6 Could no	t be 28a. Place of	Injury - At homa, ferm, s			Location (Stree	et and Number or	Rural Route Number,
ă	s efter	Sert	4 Homicida	building,	etc. (Specify)		12	City or Town, S	state)	- Rd
	To the Hospital or Attending within 24 hours efter deeth. To the Funeral Director: After completely filled in by the fune.	edicai (29e. Cartifier 1 Certifying (Check only one) 1 Medicat Ex	Phyeician: To the basis caminer: On the basis	of axamination end/or i	th occurred at the time nvestigetion, in my c	me, date end plece, end opinion, death occurred e	due to the caus	sa(s) end mannar	es stated.
	To the To the Comp	4	29b. Signeture end tille of contribut	9/1		29c. Licens	.C.M.E.		Date signed (Mo ARCH 25	
			30. Name end addrass of person with the control of	Forb-	111 Pe		et, Balti	more,	Maryla	nd 21201
	Sta Registr	- 1	31. Dete filed (Month, Day, Year) MAR 3 1		strar's Signeture Julia Davidson	- Randell				



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 1997 **Physician** Month Minerva Lillian March 29, **EVANS** 3:55 PM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 7940-A Edgewood Church Road Frederick Frederick 8. Date of Birth (Month, Dey, Yes if Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) Funeral 1□M 20XF Months Deys Hours 184-12-7818 73 Yrs. Director 1923 Pennsylvania Usuel Residence of Decedent with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Rems 23a or 28a-f shoviner must be notified at Maryland Frederick Director Frederick 1 ☐ Yes 2 No 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 7940-A Edgewood Church Road 21702 U.S.A. by Funeral death 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status traumatic event, the Medical Examiner Pages 1 end 2 should be filed within 72 hours efter on of Heelth and Mentel Hygiene.
In: If I few 27 le marked other than "natural", or fiel in yor other traumatic event, ITE Medical Experimaty or other traumatic event, ITE Medical Experiment. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Seamstress Clothing Factory 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be **EVANS** Samue 1 Emma BECKLEY 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Bonnie S. Hammer, Daughter 7940-A Edgewood Church Road, Frederick, Md. 21702 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State permit. Page Depertment of Important: If any injury or otice. Schaefferstown Cemetery, April 1, 1997 Schaefferstown, Pa. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility
Keeney and Basford P.A. Funeral Home MO0255 106 East Church Street, Frederick, Md. 21701 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause in each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Breast Cancer Jan. 1994 Examiner Due to (or es e consequenca of) Examiner Lung Cancer Nov. 1996 or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Box 68760, ettending physician Pleural Effusion Dec. 1996 Physician/Medicai Due to (or es e consequence of): Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco usa contributa to the cause of death? signed by i 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? certificate 1 ☐ Yes ZXNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home \$ Residence 6 Other (Specify) 1 ☐ Yes ŽÍNo Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 Yes 2 No 2 Accident efter deeth Director: deeth 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specity) illed in by 4 Homleide within 24 hours e To the Funeral D Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end manner stated. 29e. Certifier Medicai completely 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) asasiani D 40307 March 29, 1997 30. Neme end address of person who completed cause of death (Item 23e) (Type, Print) Dr. Eugene B. Casagrande MD 1564 Opossumtown Pike, Frederick, Md.

DHMH 16 Rev 6/95

State

Registrar

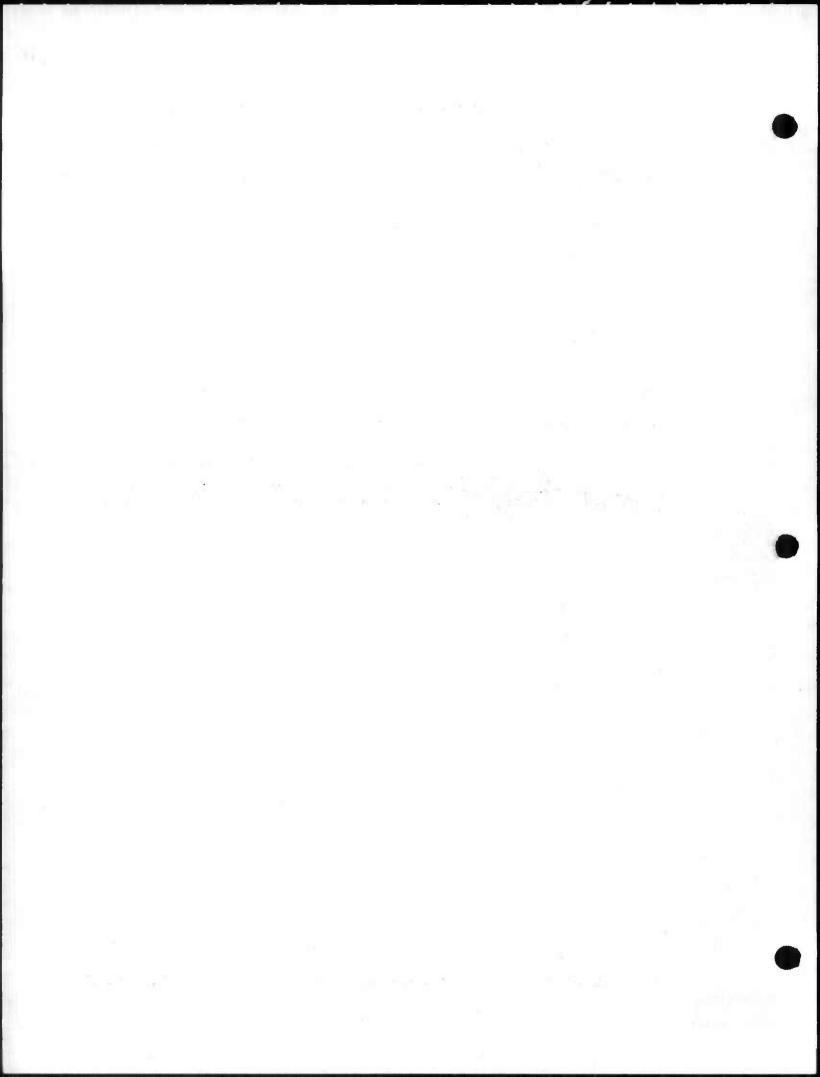
31. Dete filed (Month, Day, Year)

MAR 31

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 | | | 70

					- (enı	ricate or	Death			Reg. No.		
Physician /Medical			ast) N HENRY	EIGEN	BRODE					2. Dete of De Month March		ggar ggar	3. Time of Death 10:30 PM
Examiner	A. Franklin Mann . III A	institution, gi	ve street and n	um <i>ber)</i>				4b. City, Tov	wn, or Lo	ocation of Deat	h 4c. County	of Death	-
	St. Cather:	ines N	ursing	Home				Emmi	tsbu			deri	ck
uneral	5. Social Security Number		Sex 12XM 2□ F	7. Age (In y		A	If Under 1 Year Months Deys	If Under 2 Hours	24 Hrs. Min.	8. Date of Bir	th ly, Year) 2, 1920	9. Birth	place (State or Foreign
ctor	220-16-0770)	1221M ZUF		76 Y	rs.				Sept.	2, 1920	Pen	nsylvania
_		. County		10c.	City, Town	or Locat	tion					1	10d. Inside City Limits
To Be Completed by Funeral Director	Maryland 1	Freder	ick	T	hurmo	nt							Y Yes 2 No
Die.	10e. Street end Number						10f. Zip Code				10g. Citizen of \		ntry?
CO.	7 Ironmaste	er Dri	-				21788				U.S.A		
Funeral	11. Marital Status		Armed F		U,S.	13. Wa	s Decedent of Hes, specify Cube	tispenic Orig en, Mexican	jin? (Spo , Puerto	ecify Yes or No Rican, etc.)	- 14. Rac Blac	e - Americ ck, White,	can Indian, etc.
bv F			I X Yes If Yes, G Yeer or	2 □ No live Detes: WW	тт	1 🗆	Yes 2XNo	Specify:			Specify	Whi	+ 0
ed	15.	Decedent's E		D0103. WW		eceden	t's Usuel Occup	nation			16b. Kind of B		
Completed	(Specify or	nly highest gr	ade completed		(4	Give kin	d of work done NOT use retired	duning most	of work	ing	TOD. KING OF DE	231110337111	dustry
E	Elementary/Secondary 7	y (0-12)	College	(1-4or 5+)			Guard				Facto	rv	
BeC		, Middle, Lasi	1)				oddie		r's Name	First, Middle	Maiden Suman		
ToB		Eigen	brode					Elsi	e Ar	na Dot	ter		
	19a. Informant's Name/F	Relationship ((Type, Print)		19b. N	Mailing A	Address (Street	and Numbe	r or Run	al Route Numb	er, City or Town,	State, Zip	Code)
	Cameron L.	Eigen	brode/S	on							, Maryla		
	20a. Method of Disposition				. Place of C	Disposition	on (Name of ory or other place	ce)		Date	20c. Location -	City or To	own, State
	1 ☑ Buriel 2 ☐ Cre 4 ☐ Donetion 5 ☐						Cemetery		1 3	3/25/97	Rocky F	Ridge	, Maryland
	21. Signature of Furtheral	Service Lice	(000)	VIC	1								
	N XOU	TC	121	Vait	V						NERAL HO		
	23a. Pert - Inter the his shock, or heart feile	sease, or com	plicetions (ma)	caused the de	m. Do no						RMONT, M	ш 21	Approximete
,	shock, or heart feile	ure. List only	one cause on	each line.									Interval Between Onset end Deeth
	Immediate Ceuse (Final disease or condition		K	ENAL	F	AIL	URE						Years
	resulting in death)		a		(or as a co								Years Years
Je J			H	YPERT									Years
Examiner	Sequentially list condition	ns.	b		(or as e co		9						
M	Sequentially list condition if eny, leading to immedicause. Enter Underlying Couse (Disease or Injury that Initiated events	ate											
Ca	thet initiated events resulting in death) Lest	-	С	Due to	(or es e cor	nsequen	nce of):						
n/Medical		L	d										
Physicia	Part II. Other significant	conditione	ontributing to c	leath but not r	esulting in t	he unde	rivina cause aiv	en in Part I.		23b. Did	tobacco uea co	ntribute to	the cause of death?
là.							, , , , , , , ,			1/2	/		bably 4 Unknown
by													
										24a. Was	en eutopsy med?	24b. W	ere eutopsy findings allable prior to
Completed												co	mpletion of cause death?
mo;										10	Yes 22 No	10	Yes 2□ No
Be C	25. Was case referred to	medical						26. Place	of Death	(Check only o			
0	examiner? 1 ☐ Yes 2 ZÑo		Hospitel: 1	Inpatient 2	☐ ER/Outp	atlent	3□ DOA Oth				dence 8 □Oth	er (Specif	v)
n: T	27. Manner of Death			of Injury oth, Day Year)	-	ne of	28c. Injur Wor				now Injury occur		,,
atio	1 □ Natural 5 □ 2 □ Accident	Pending Investigation		iiri, Day 19ar)	Inju			Yes 2□N	lo				
Certification:	3 Suicide 6 Suicide	Could not b determined	28e. Place	e of Injury - At	home, ferm	, street,	factory, office		1	28f. Location (S City or Tox	Street and Numb	er or Rura	A Route Number,
Cer	- Tromole		Dulid	ing, etc. (Spei	uny)				944	Ony or 100	vii, State)		
edicai	29a. Certifier 1 (Check only one)	Certifying Ph Medical Exam	niner: On the b	best of my kr easis of examin	nowledge, d nation and/o	eath oc or Invest	curred at the tin igation, in my o	ne, date end pinion, deetl	place, a	and due to the ed et the time,	cause(s) and ma dete end plece, a	nner es si and due to	tated. the ceuse(s)
Me	29b. Signature end title o	certifier					29c. Licens	e number	-		29d. Date eigne	(Month,	Day, Year)
		My					D43	3091			3-24	97	
	30. Name end address of		completed cau	se of death (Ite	em 23a) (Ty	pe, Prin	nt)	ite C2	E-	rederic	k, Maryl		21701
	Saeed A. Z.							rre CO	, 11	euellC	r, raly	Lanu	21/01
tate	31. Date filed (Month, Da	9 K 10	32.	odistrar's Rig silva d'Au	steleant	20	eg.						
strar	ווורוויו	# 3 K	121		a entre Al	ma.o.m	100 C						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Vear MARCH VIRGINIA FRANCES FISHER 28 1997 /Medical 7:30 P.M 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** CUMBERLAND If Under 24 Hrs. 8. (MEMORIAL HOSPITAL ALLEGANY If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Days Hours 1 □ M 2 X F Yrs Director 216-18-1068 73 OCT 30,1923 MARYLAND Usual Residenca of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow items 23s or 28s-f shortner must be notified at 1 Yes 2 No Director MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 335 VIRGINIA AVE. 21502 USA death Funeral 14. Race - American Indian, Black, White, etc. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 5 1 ☐ Yes 2 XNo Specify: þ Specify: 3 Widowed 4 Divorced "naturel". WHITE Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decadent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry than Elementary/Secondery (0-12) Hygiene. College (1-4or 5+) permit. Pages 1 and 2 should be filed w
Department of Health and Mentai Hygien
Important: If Item 27 Is marked other th
any Injury or other trainment. 12 BOOKKEEPER/OFFICE MANAGER CLERICAL 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) FRED C. SPENCER BESSIE FRANCES WHITACRE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zio Code) CARL W. WEIMER 335 VIRGINIA AVE., CUMBERLAND, MD 21502 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) APR 1, Date 1997 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State SAVAGE METHODIST CEMETERY MT. SAVAGE, MD 4 ☐ Donetion 5 ☐ Other (Specify) MT. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY, LA VALE, MD 21502 23a. Part1. Enter the disease, or complications that caused the yeath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel HEPATIC FAILURE disease or condition resulting in death) 1 WEEK Examiner Due to (or as a consequenca of): SMALL CELL CARCINOMA LUNG WITH LIVER METASTASIS 1 MONTH certificate be axeculed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Lest and Due to (or as a consequenca of) physician ar Box 68760 Physician/Medical Due to (or as a consequence of): attanding for use es P.O. ed by the a detached f Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveitable prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: 25. Was case referred to medical exeminer? 86 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Spacify) 2 1 Yes 2 No 1 ■ Inpatient 2 □ ER/Outpatient 3 □ DOA this 28a. Date of injury (Month, Day Year) 27. Manner of Deeth 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred Aftar 5 Pending investigation To the Hospital or Attanding within 24 hours after death.
To the Funeral Director: Afte compielally filled in by the fun 1 Natural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide edicai 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner as stated.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Yaar) D 46346/ D 25406 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Huma Shakil M.D. 625 Kent Avenue Cumberland, MD 21502

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Yaar)

APR 0 2 1997

32. Registrer's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7

		1. Decedent's Nama (First, Middla, i	Last)		17	-		2. Data of De		3. Tima of Death
nysici Medic xamir	al	LORETT 4a. Facility Name (If not institution, g		•			4b. City, Town, o	MARCH Location of Deat		Yaar 1997 1230
allill	ICI	PENINSULA REGI	ONAL MEDI	CAT. C	ENTER		-	ISBURY		ICOMICO
eral ctor		5. Social Security Number 6. 216-70-0960			last birthday) Yes.	If Under 1 Year Months Days		Data of Bi		9. Birthplace (Stata or Foraign Country) SALIS. MD
		Usual Residence of Decedent 10a. State 10b. County		10c. C	ity. Town or Loc	ation				10d. Inside City Limits
	tor	MD. WICON	ICO	5	ALISBUR	RY				1⊡Yes 2⊠No
	al Director	10e. Street and Number 7509 BARTO	ON AVE.			10f. Zip Code	21801		10g. Citizen of V USA	THE CONTRACTOR OF THE PERSON NAMED IN CO
	by Funeral	Marital Status Married 2 Married 2 Married 3 Widowed 4 □ Divorced	12. Was Deced Armed Forc 1 Yes 2 If Yes, Give Year or Date	es? XD No		Vas Decedent of F Yes, specify Cubi ☐ Yes 2☐XNo		Specify Yes or No rto Rican, etc.)	5 14. Place Blace Specify	e - American Indian, sk, White, etc.
	Completed	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)		or 5+)	(Give)	ent's Usual Occup kind of work done NOT use retire MESTIC	pation during most of wo d)	orking		usiness/Industry KEEPER
	To Be Co	10th 17. Father's Name (First, Middle, La LARRY V	williams				18. Mother's Na	me (First, Middle SARAH		ne)
S Sibility		19a. Informant's Name/Relationship SARAH POPE	(Type, Print)			g Address (Street RESS SAMI			er, City or Town,	State, Zip Code)
March Control		20a. Method of Disposition 1 DSBurial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		ate	the state of the s	ition (Name of atory or other plan LL MEM •		Date 4-4-	20c. Location - HEBRON	City or Town, State
ance.		21. Signature of Figneral Service Lice	B. On	ller	1.00	Name and Address 213 JERS		OLLEY ME SALISBU		
ian cal ner	Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (PTO Co Due to (or as a consequ or as a consequ	PIVEUM		7.		5 days
	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last	d d	Due to (c	or as a consequ	00016-328-34				11 y es
	by Phys	Can it some arguments conditions	commodering to deas	n but not res	uning in the un	denying cause giv	ren in Parti.	7.744		atribute to the cause of death? 3☐ Probably 4 Vunknown
	Completed by							24a. Was perfo	an autopsy rmed?	24b. Were autopsy findings available prior to completion of cause of death?
	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 252No	Hospital: 125inp	ationt 9F	ER/Outpatient	3□ DOA Oth	ar	eth (Check only o		Constant Contractor
		27. Manner of Death 1 SNatural 5 Pending 2 Accident Investigate 3 Suicide 6 Could not	28a. Date of I (Month,	njury Day Year)	28b. Time of Injury	M 1		28d. Describe	how injury occurr	ed
8.1		4 ☐ Homicide determine	256. Place of	etc. (Speci	(y)	et, factory, office	na data and six	City or Tox	en, State)	er or Rural Route Number,
	65		miner: On the basis and manner	of examina	ition and/or inve	estigation, in my o	pinion, death occ	urred at the time,	date and place, a	and due to the cause(s)
	edical	(ASS)				One Hanne	n number	100	204 Date signed	Officeth Day Voud
pletely fill		30. Name and addrass of person who Allen W. Tos Tiv. 31. Data filed (Month, Day, Year)	sta M.	2.		29c. Licens	FFC		MARCH .	5 (Month, Day, Year) 28, 1997

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Kathryn Louise Frushour /Medical March 30 1997 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Citizens Nursing Home Frederick Frederick | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Jan. 27, 1916 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1□ M 2□ F Yrs Director 81 215-36-5893 Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Haalth end Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Itams 23s or 28s.f. shows any Injury or other traumatic avent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Smithsburg Maryland Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 13021 Wolfsville Road 21783 USA Funerai 12. Was Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1□Yes 2♥No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John McComas Bear, Sr. Hattie Mae Eccard 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nathan Frushour 13108 Brandenburg Hollow Rd., Smithsburg, MD 21783 20b. Pieca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Wolfsville, Maryland Salem U.Methodist Cemt 4-2-97 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility 504 Main Street Ricketts Funeral Home Myersville, MD 21773 23a. Pert1. Enter the disease, of com-shock, or heart ailure. List only complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiretory errest, only one cause on each line. **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting In death) · gastro intestinal 2 days Examiner Examiner or Attanding Physician: The law requiras that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detact 1 Yes 2 No 3 Probably 4 Unknown Disease, and stage Completed by 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Aftar this certificate 1 Yes 2010 1 Yes 2 No Be (25. Wes cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Vursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 De Neturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death filled in by tha 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours e To the Funeral C completely filled tha Hospital 1 Decritifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end menner es steted.

2 Medicel Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. Medicai 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) march 31, 1997. Michael S. Rudman, m. D 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) <u> South Church & Franklin Streets, Middletown, Maryland 21769</u> 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture

Merchan Randell

DHMH 16 Rev 6/95

State

Registrar

Physic /Medi Exami

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depentment of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner main to notified at

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

Decedent's Name (First, Mid.		of Marylan	-	rtificate					Re	g. No.	9/		1174
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washington	adventis	st hosp	ital			taco	ma	park		mont	gon	nery	
5. Sociel Security Number 214-34-1171	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs. I	ast birthday) 60 Yrs.	If Under 1 Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of B (Month, I				thplece (Sountry)	Stete o <i>r Foraig</i> n Ind
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10e. Street end Number				10f. Zip (Code				10	g. Citizen of	What C	ountry?	
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19e. Informent's Name/Relation						Neo		ALL I.					BAKER
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29c. License number

1 1997 32. Register's Speature

o.c.m.e.

29d. Dete signed (Month, Dey, Year)

march 29,1997

Street, Baltimore, Maryland 21201

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettanding physician end completally filled in by the funeral director, page 2 should be detached for use as the burial-transit

State Registrar

29b. Sign

30. Nama end eddr

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Year MELVIN MARCH 24, VERNON FRAVEL 1997 10:11 AM 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Frederick Memorial Hospital Frederick Frederick If Under 24 Hrs. 8. Date of Birth (Month, Day) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days ACMM 2□ F 214-28-5694 61 Yrs. Brunswick MD Usuel Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20 No Jefferson Harpers terry 10e. Street and Number 10g. Citizen of What Country? Conestoga Estates USA Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 X Yes 2 □ No It Yes, Give Year or Dates: 1 ☐ Yes 2 X No White Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementery/Secondery (0-12) College (1-4or 5+) Electrician CSX Transportation 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) James Russell Fravel, Sr. Susan Katherine Thompson 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 347, Harpers Ferry, WV 25425 trances M. Fravel 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Hagenstown Crematory Hagerstown, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 3. Name and Address of Facility ams Funeral Home Williams, Owner 100 Petersville Rd Brunswick, anbana MD 21716 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heer tailure. List only one ceuse on each line. Approximete Interval Between Onset end Death Immediete Cause (Final NON-SMALL CELL LUNG GANGER ADENSQUAMUS 2 YEARS disease or condition resulting in death) Due to (or as a consequence of). Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): Due to (or es a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveitable prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Tes

Physician /Medical Examiner

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Division of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

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Completed

Funeral

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the Maryland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene.
Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show my portant: in Item 27 is marked other than "natural", or item 22a or 28a-f show inluy or other traumatic event, the Med all Examiner must be notified a

Baltimore, Maryland 21215-0020

Examiner burial-trensit physician the burial Physician/Medical signed by the et d be deteched for by Completed To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 2 Certification:

25. Was cese reterred to medical examiner? 26. Place of Death (Check only one) 1 Yes 254 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. Manper of Death Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Sulcide 28a. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner as stated.

Medicel Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature and title of certifies 29c. License number

29d. Date signed (Month, Day, Year)

30. Name and eddress of person who completed cause ot death (Item 23e) (Type, Print)

BRIANM, O'CONNOR SEVENOTH 501 W. 32! Registrate Signature MAR 3

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 11176

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_						Cen	tificate of	Death		Reg. No.	1 11	1.1.1
ı	Physic	an	1. Decedent's Name (First, Middle			_	_		2, Date of Dea			ine of Oseth
J.	/Medi		Mark		JUSON) r.		APRIL	01 ^{Day} 997	10:	30PM
	Examir	ner	4a. Facility Name (If not institution					4b. City, Town, or L			y of Death	
-			THE JOHNS HOPK 5. Social Security Number			In Inthoday (If Under 1 Year	BALTIMORE If Under 24 Hrs.			/A	
	Funeral Director		226-32-7322	10XM 2□ F	ge (In yrs. last 65	Yrs.	Months Days		8. Date of Birt (Month, Da 03-03-		9. Birthplace (S Country) VIRGINI	
	and w		Usual Residence of Decedent 10a. State 10b. County		10c. City, Te	own or Loc	ation				10d. Insi	Ide City Limits
	the Marylan 28a-f show	ŏ	MARYLAND ANNE	ARUNDEL			BURNIE					Yes 2 No
	1 the	Sec	10e. Street and Number	14(01/22)		ODDIA	10f. Zip Code	1		10g. Citizen of	What Country?	-
	th with	<u>=</u>	1000 SOMERSET D	RIVE				21061		Ţ	J.S.A.	
	Herns 2	Funeral Director	11. Maritai Status	12. Wes Decedent Armed Forces		13. W	as Decedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	ecify Yes or No	14. Ra	ce - American Indi	an,
21215-0020	E OE	by	1 ☐ Never Married 2 X Marri 3 ☐ Widowed 4 ☐ Divorced		No		Tes, specify Cut		Hican, etc.)	Specia	ack, White, etc. fy: WHITE	S
5-0	"natural",	etec	15. Decedent (Specify only highes		10	6a. Decede	ent's Usual Occu	pation during most of work	rina	16b. Kind of E	Business/Industry	
121		Completed	Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT use retire	9d)	9			
	filed with Hygiene. ther ther		17. Father's Name (First, Middle, I			TATE	SERVICE	18. Mother's Nam	o /Fires & & Airdello		SECURIT:	Y
Maryland	o d la la	Be	MARK E.	FERFUS	ON S	SR.		MARGARE			PULLIAM	
Z	d 2 should be the end Mental I the marked of traumatic eventuals	70	19a. informant's Name/Relationsh				Address /Stree	t and Number or Rui				
Z	12 her		MARK FERGUSON,									
re,	-194		20a. Method of Disposition	111 (501)	20b. Place	of Dispos	ition (Name of atory or other pla	C DRIVE, G	Dete Dete		- City or Town, Sta	ate
Baltimore,	0		1X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp				OF THE I		/5/97	MILLER	RSVILLE,	MD
alti	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service L			7	Name and Addr				AL HOME,	nD.
m	99 = 9		· MAR	0.0-0		1 :	SECOND A	AVENUE, S.				061
	-		23a, Part1, Enter the disease, of shock or head Jailles. List of	complications that saus	d the death. D	o not ente	r the mode of dy	ing, such as cardiac	or respiratory er	rest,	Appro	ximate
ч	Physician			Thy one dagge on each							Onset	al Between and Death
И	/Medical Examiner		immediate Cause (Final disease or condition	· Metri	otatic	no	nomall	L cell lu	MO-00	mcon.	600	nonths
П	LXUITITIO		resulting in death)		Due to (or as	a consequ	ence of):		J			
	pet nsit	Examiner		b								
	al-trai	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter UnderlyIng Cause (Disease or Injury		Due to (or as	a consequ	ence of):					
68760,	deeth certificate be executed the ettending physician and of for use es the burial-transit		Cause (Disease or Injury that initiated events	c	5	Unicoes						
68	tificate ig phy es the	B	resulting in death) Last		Due to (or es	e consequ	ence or):					
Box	eeth cert ettendin I for use	2		d								
	deetl se ette ed for	Physician/Medical	Part II. Other algnificant condition	s contributing to death b	out not resulting	g in the und	derlying cause o	iven In Part I.	23b. Did 1	obacco uae co	ontribute to the ca	use of death?
P.0	law requires that the desas been signed by the e	Phy							10	Yes 2 No	3 Probably	4 Unknown
	es the	by										1
orc	v require been si should I	Completed							24a. Was perfo	an autopsy med?	24b. Were auto available p	prior to
ec	e law has b	nple								. ,	of death?	n of cause
al H	The age	S							101	res 20 No	1 ☐ Yes	212 No
Vital Records,	Physician: The this certificate and director, page	Be	25. Was case referred to medical examiner?	Hospital: V			10	26. Place of Deat	h (Check only o	ne)		/
of	Phys this rat di	. To	1 ☐ Yes 2 No 27, Manner of Death	28a. Date of Inju		Outpetient o. Time of	3LI DUA	4 LI Nursing Ho	ome 5 Resid			
Division of	the free man	tlon	1 Natural 5 ☐ Pending	(Month, Da	ay Year)	injury	28c. Inju Wo	ork? Yes 2 \ No	200, Describe i	low injury occu	neu	
18	or Attending effer death. Director: After d in by the fune	fica	3 Suicide 6 Could n	ot be	iury - At home	farm stree			28f. Location /S	Street and Num	ber or Rural Route	Number.
Ö	efter ofter Dire	Certification:	4 ☐ Homicide determi	building, et	c. (Specify)	Tarring Otto	or, ractory, omeo		City or Tox			
	To the Hospital or Atter within 24 hours efter de To the Funeral Directo completely filled in by the	edical C	29a. Certifier (Check only one) 1 Certifying 2 Nedical E	Physician: To the best xaminer: On the basis o and manner st	of examination	lge, death o and/or inve	occurred at the t estigation, in my	ime, date and place, opinion, death occur	and due to the cred at the time,	cause(s) and m date and place,	anner as stated. , and due to the ca	use(s)
	within To the	Me	29b. Signature and title of certifier				29c. Licen	se number		29d. Date signe	ed (Month, Day, Ye	ear)
			Summe.	Al Carton	mi		RES	-000		Apr:1	1 1991	7
		1	30. Name and address of person v	no completed cause of c	death (Item 23s	a) (Type, P	100			11411	1)111	/
			Suzanne Co	Her 600	N. 11)	olfe.	Street	- Balti	more	MD	21287	
	Sta		31. Date filed (Month, Day, Year)	32 Registr	rar's Signature	5	•	= 1.1.1.				
	Registr	ar	APR 0.4 19	37 guliar	Davidson-	Handel	ملا					

Funeral

Director

28a-f show

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items 23a

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Department of Health and Mental Hygien
Important: If item 27 is marked other tha

Physician /Medical

Examiner

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cartificate

Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this cartificately filled in by the funeral director, I

24 hours

To the Hospi within 24 hou To the Funer completely fil

tha death certificate be executed

The law requiras that Records,

Box 68760

P.O.

Division of Vital

the Medical Examiner must be notified at

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 24, GLORIA GREENE MARCH 1997 11:05 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JOHNS HOPKINS HOSPITAL CITY BALTIMORE If Under 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) Days 1 ☐ M 2 🖾 F Yrs. 217-34-3038 63 DEC. 2 1934 MARYLAND Usual Residence of Decedent 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits MARYLAND CITY BALTIMORE Director ¥Yes 2 No 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 1906 N. LONGWOOD AVENUE 21216 US Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 ☐XNo If Yes, Give Year or Dates: Never Married 2 Married 1 Yes 2 No þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th LIBRIAN PRATT LIBRARY 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be GEORGE GREENE LORRAINE PACK 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) BARBARA DICKEY 71 HOYLE LANE SEVERNA PARK, MD. 21144 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Ramoval from State ANNAPOLIS MEM. GARDENS 3/27/97 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility
WM. REESE & SONS MORTUARY, P.A. - ee 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximate interval Between Onsat and Death Immediate Ceuse (Final disease or condition resulting in death) a Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to Immediate ceusa. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditiona contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobecco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 CUnknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? INSPECTION 1 ☐ Yes 2 X No 1 Yas 2 No Be 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 🖾 ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicide edicai 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date and place, end due to the cause(s) and mannar stated. 29b. Signature and title of cegifie 29d. Data signed (Month, Day, Year) 29c. Licensa number O.C.M.E. MARCH 25, 1997 reson who completed fluse of death (Item 23a) (Type, Print)

State Registrar

APR 01 1997

31. Date filed (Month, Day, Year)

Laron Locke M.D.

32. Registrar's Signature Julia Davidson-Rondalle

111 Penn Street, Baltimore, Maryland 21201

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth **Physician** Month 03 30⁸ 10:45 PM Margaret Mary /Medical 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Genesis ElderCare - The Pines Easton
If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Bay, 1799) Aug. 3, 1917 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Deys Hours 1□ M 2□,F 79 216-20-6119 Yrs Director (Talbot) Md. Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Modical Examiner must be notified at 1 ⊈Yes 2 No Director Talbot Easton Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21601 USA 201 Federal Street Apt. 92 Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, atc. 11. Meritel Stetus filed within 72 hours after Hygiene. 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Dates: 1 Naver Married 2 Merried Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygien Important: If Item 27 is marked other the eny Injury or other treasment. 7 th LPN Women's Medical Center 17. Fathar's Neme (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) Be Joseph Brown Rosetta 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 201 Federal Street, Apt 92, Easton, Md.21601 Richard Gardner / Spouse 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 4/5/97 Trappe, Maryland Paradise Cemetery 21. Signatura of Funerel Sarvice Lineage 22. Name end Addrass of Facility Bennie Smith Funeral Home Easton, Maryland 23a. Pent1. Enter the disease, or complications that caused the death. Do not antar the moda of dying, such as cardiac or raspiretory errest, shock, or heer failura. List only ona ceuse on aach lina. Intarval Batween Onset end Death Physician /Medical Immediete Causa (Final diseasa or condition rasulting in death) TIC CHOLANGIOCANCINOMA Examiner Physician/Medical Examir VENOUS THROMBOSUS 2 ð Completed Ba Certification: To

Records, P.O. Box 68760. Division of Vital

Part II. Other significant conditions of	ontributing to death but not rea	sulting in the underlying	ng caus	se given in Part I.	2	3b. Did tobacco use con	orribute to the cause of death? 3☐ Probably 4 @ Unknown			
					2	4a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?			
25. Was case referred to medical examiner?	28. Place of Death (Check only one)									
1 Yes 2 PNo	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home					e 5 ☐ Residence 6 ☐ Other (Specify)				
27. Manner of Death 1 ⊞Natural 5 □ Pending 2 □ Accident investigation		28b. Time of Injury M	280.	Injury at Work? 1 Yes 2 No	28d. D	28d. Describe how injury occurred				
3 Suicide 6 Could not be determined	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					Bf. Location (Street and Number or Rural Route Number, City or Town, State)				
29a. Certifier (Check only one) 1 Certifying Physics (Check only one) 2 Medical Example (Check only one)	rescion: To the best of my known of the basis of summing and manner stated.	owledge, death occur ation and/or investigat	red at ti	he time, date and plac my opinion, death occ	e, and du curred at ti	e to the cause(s) and ma he time, date and place, a	nner as stated. and due to the cause(s)			
29b. Signature and title of partifier				cense number	,	29d. Date afgned (Month, Day, Year)				

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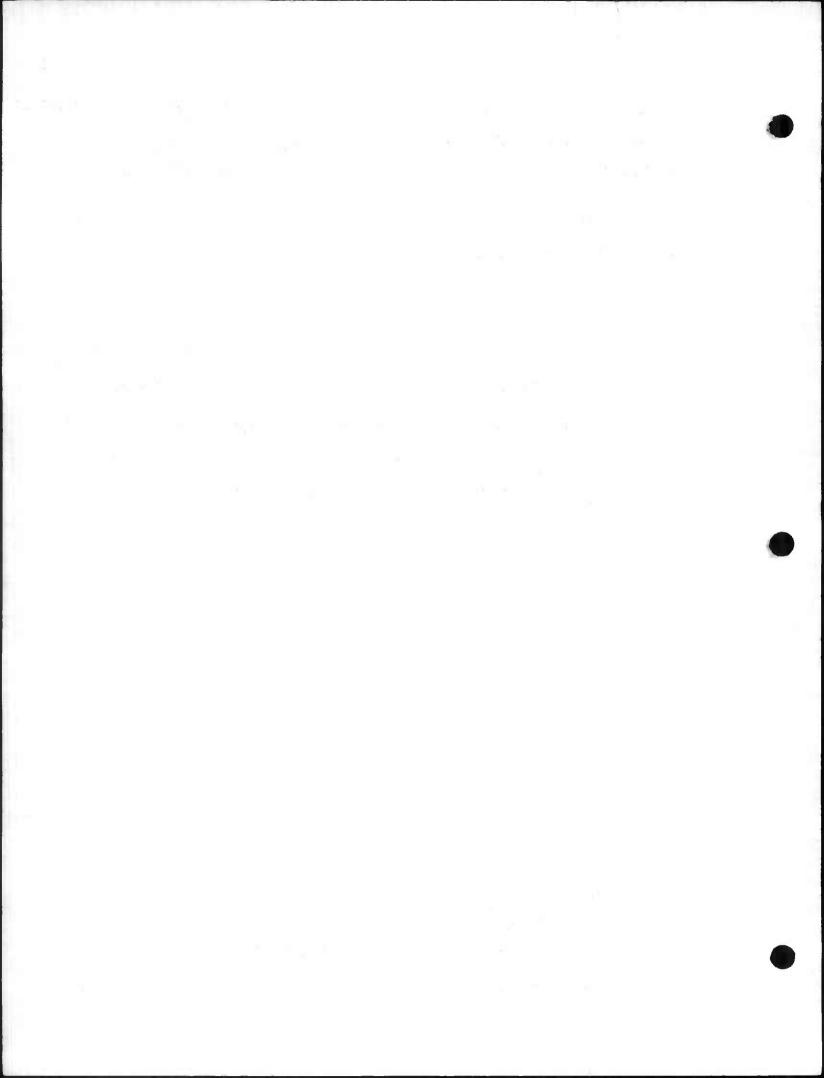
Registrar

Medical

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MAKAS

To the Hospital or within 24 hours at To the Funeral D



State of Maryland / Department of Health and Mental Hygiene

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/Medi		JENNIFER	JOAN		GAY	LOR			MARCH	26,199	7	10:36	AM
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Funeral Director		216-92-2023	Sax 7. Age 1 18	Months Days Hours Min				Min.	8. Data of Birth (Month, Day, Year) JAN 13, 19		9. Birthplace (State or Foreign MARYLAND		
020 urs after death v air, or items 23s		Usuai Rasidence of Dacedant 10a. Stata 10b. County		10c. City, Tow	n or Loca	ation		-			10	Od. inside City L	
	Director	MD TALBOT			EASTON							1 🗆 Yas 21	₹ NO
	al Dir	10e. Street and Number 27334 LITTLE PARK ROAD			10f. Zip Coda 21601				10g. Citizen of What Co USA			try?	
	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 12. Was Decede Armed Force		No 1 ☐ Yas ② No				Hispanic Origin? (Specify Yas or No- ban, Maxican, Puarto Rican, atc.) o Specify:			14. Race - Amarican Indian, Black, Whita, atc. Specify: WHITE		
5-0 72 ho	Completed	15. Decedant's E (Specify only highast gr	ducation	16a. Decedent's Usual Occupation				if working	16b. Kind of Business/Industry			ustry	
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Tarylan 2 should be and Mental is marked of aumatic eve	2	STEVEN DOUGLA					SUSAN I		MARIE McGINI				
Baltimore, Maryland pemit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked oth any injury or other traumatic event once. To Be		19a. informant's Name/Raiationship STEVEN D. GAY					TLE PAR						
		20a. Mathod of Disposition 15 Burlai 2 Cramation 3 C 4 Donation 5 Other (Speci	Ramovai from Stata				of Disposition (Nama of lary, crematory or other place) JOSEPH CEMETERY			20c. Location - Cify or Town, State CORDOVA, MARYLANI			ID
bhysician and physician and street beamsonted Examiner street beamsonted street beamsonted by the britansia and street beamsonted by the britansia and brita	al Examiner	23e. Part1. Entar tha disease, or conshock, or haart teilura. List only Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or injury	a. Maltiple		RI 12 conseque	ance of):	HARRISO dying, such as ca	N Strdiac or	raspiratory ari	ASTON,	MD	21601 Approximata intarval Betwee Onsat and Dea	
aw requires that the death certification is been signed by the attending 2 should be detached for use a	Physician/Medical	that initiated evants resulting in death) Last Dua to (or as a consequence of): d. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death of t											
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ysician: The i ysician: The i is certificata he director, page		25. Was casa rafarred to medical					26 Place o	t Dooth			1/2	148 20140	
sicia cent	To Be	axaminar? 1 X Yas 2 □ No	Hospital:	t 2 ER/Ou	tentions	2 DOA	Othac		ath (Check only ona) Ioma 5 ☐ Rasidance 6 ▼Other (Specify)				
Attending Ph ir death. ector: After thi by the funeral	Certification: T	27. Mannar ot Death 1 Naturai 5 Panding invastigatic 2 Accidant 3 Suicida 6 Could not to datamined	26a. Data of injury (Month, Day 3/26/97	Year) 28b. 1	Time of njury: 157	28c.	injury at Work? 1 □ Yas 2 🕱 No	D 28	RIVER RUCK	ow injury occurr	HISL HISL	BJECT E, STRU	
To the Hospital or within 24 hours afte Completely filled in Madical Completely filled in	edical Cer	29e. Cartifiar 1 Certifying Pl (Check only one) 2 Medicel Example		DWAY my knowledge	, deeth c	occurred at the	na tima, date and p	piece, en	N TAL	BOT CO	UNTY	, MARY	
To the within To the	Me	29b. Signatura and titla of certifier **Revolve He 30. Name and address of paragon who	Kymo		Tuna P		cansa number		2	9d. Data signed	(Month, C	Day, Year)	
		30. Nama and addrass of person who THEODORE M. K.		un (itam 23a) (туре, Рі	nnt)							
Sta	te	31. Data tiled (Month, Day, Year)	32. Registrar	's Signatura									
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth **Physician** MARCH 26,1997 KATIE MARIE GAYLOR 10:36 AM /Medical 4b. City, Town, or Location of Death 4e. Fecility Nema (If not institution, give street end number) 4c. County of Death Examiner UNIONVILLE ROAD EASTON TALBOT If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Months Deys 10 M 200 15 Yrs 212-02-0642 **Director** APR. 21, 1981 MARYLAND Usual Rasidence of Decedent the Marylend 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or itema 23a or 28a-f ehow the Medical Examiner must be notified at MD TALBOT EASTON 1 Yas 2XXX Director 10e. Street end Number 10f. Zip Code permit. Pages 1 and 2 should be filled within 72 hours after death with t. Department of Health and Mental Hyglena. Important: if item 27 is marked other than "natural, or items 23a or 2 any injury or other traumatic event, the Medical Exempter 200. 200. 10g. Citizen of Whet Country? 27334 LITTLE PARK ROAD 21601 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) Race - American indien, Bleck, White, atc. 1 ☐ Yes 2 No If Yes, Giva Year or Dates: 1 Never Merried 2 Marriad 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: WHITE 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 9 STUDENT HIGH SCHOOL 17. Fethar's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) STEVEN DOUGLAS GAYLOR SUSAN MARIE McGINN 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) STEVEN D. GAYLOR/ FATHER 27334 LITTLE PARK RD., EASTON, MD 21601 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Dete 1 Buriel 2 □ Cremation 3 □ Removei from Stete JOSEPH CEMETERY 3 - 31CORDOVA, MARYLAND 4 ☐ Donetlon 5 ☐ Othar (Specify) 21. Signature of Funerei Service Licensee 22. Nama and Addrass of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME MOHN 15 MERCERON CFS? 200 S. HARRISON ST., EASTON, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onsat and Deeth **Physician** Immediete Ceuse (Finai diseese or condition resulting in deeth) /Medical MULTIPLE INJURIES Examiner Due to (or es e consequença of): Examiner physician and the buriel-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): the daath certificete be exer Physician/Medical Dua to (or es e consequance of): 98 for use es signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 No 3 Probably 4 Unknown Records, p 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes en autopsy performed? Completed peed hes certificate 1 ☐ Yes 2 X No 1 Yas 2 No Division of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) examiner 1 ☑ Yes 2 ☐ No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this luneral 27. Menner of Deeth 28d. Dascribe how injury occurred Certification: 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? SUBJECT After Injury 1 Neturei 5 Pending PASSENGER OF VEHICLE, or Attending efter deeth. Director: Aft 2 Accident 3 Sulcide 1 Yas 2 No investigetion 3/26/97 10:15AM STRUCK TRUCK
281. Location (Street and Number or Rural Boute Number, City or Town, State) UNIONVILLE ROAD 6 Could not be determined 28e. Piece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) complately filled in by 4 Homicide TALBOT COUNTY, MARYLAND Hospital 24 hours e 24 hours e ROADWAY 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred et the time, dete and plece, and due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one)

State Registrar

STOUT, DAVID A. M.D., MEMORIAL HOSPITAL, EASTON, MD 21601 32. Registrar's Signeture 31. Dete filed (Month, Dey, Year)

29c. Licanse number

D6804

29d. Dete signed (Month, Dey, Year)

MARCH 27, 1997

29b. Signature and title of certifier

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

Co Tavidson-Randall

To the To the

State of Maryland / Department of Health and Mental Hygiene 97

					Ce	rtificate o	f Death		Reg. No.	11102
	Dhunisi		1. Decedant's Nama (First, Middla, La	est)				2. Data of D	Death Day Ya	3. Tima of Death
	Physici /Medi		Ruby GHIZ					March		
	Examir		4a. Facility Nema (If not Institution, given	a straat and number)			4b. City, Towr	n, or Location of Dea	ath 4c. County of D	eath
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	Funeral Director			Sex 1□ M 2X F 7. Age (/	n yrs. last birthday) 1 Yrs.	Months Day		Min. (Month, I August	Day, Year) 1915 W	Birthpiaca (State of Foreign Country) LOGAN est Virginia
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	the Mary 28a-f sh	ector	Virginia Logan 10e. Street and Number		Logan	10f, Zip Code			10g Citizen of What	1 X Yas 2 No
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			30. Nama and addrass of person who	complated causa of death ACLY 32. Registrar's	(Itam 23a) (Type,	Print)	le unin	aka.	2 Box	Wy Height
	Sta	te	31. Deta filed (Month, Day, Year)	32. Registrar's	Sionatura	7		The same of	i, sext	1
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uneral irector		5 Sociel Security N 202-88-4780)	6. Sex 1 □ M 3 €□ F	7. Age (In yr. 36	rs. lest birthdey) Yrs.	If Under 1 Months	Year Deys	If Under 2 Hours	Min.	8. Date of B (Month, D			9. Birthp Coun taryla	ilece (State or itry) nd
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Veer EVERETT HOWARD SR. March 21, 1997 3:30 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4681 Airport Road Salisbury Wicomico If Undar 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1 DM 2 □ F 63 Vrs 220-32-2358 Director Maryland June 16,1933 Usual Residence of Decedent with the Menyland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits itam 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at Maryland Wicomico Salisbury 1 Yas 200 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4681 Airport Road 21804 USA permit. Peges 1 and 2 should be filed within 72 hours efter deeth v Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23 and injury or other traumatic event, the Medical Experience 200.00. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black White atc. 1 Nevar Married 2 N Married 1X Yas 2 No If Yas, Giva Year or Datas: Baltimore, Maryland 21215-0020 þ Specify: 3 Widowed 4 Divorced Korea White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) 12 Repairman/installer C & P Telephone Co. 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Orland Howard Sr. Nina P. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jeanette M. Howard/spouse 4681 Airport Rd., Salisbury, MD 21804 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from State 3/27/97 Salisbury, MD 4 Donation 5 Other (Spacify) Salisbury Crematory 21. Signature of Puneral Service Licenses 22. Nama and Addrass of Facility M01051 Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804 ONHO bompson 23a. Part1. Enter the disease, or complications that a used the death. Do not anter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on a sich line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final diseasa or conditi-rasuiting in daath) Examiner Dua to (or as a consequence of): Examiner certificate be executed physician end the buriel-tran Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Dua to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) rasulting in death) Last use as t Po signed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of ceuse of daath? Completed peen has 1 Yas /2K No 1 Yes 25 No certificate director, 25. Was casa refarred to medical axaminar? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Deta of Injury (Month, Day Year) funeral or Attending Pi after death. 27. Mannar of Death 28d. Describe how Injury occurred 28b. Tima of 28c. Injury at Work? Certification: 1 Delatural 5 Panding invastigation 1 Yas 2 No 21 Accident 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29e. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and this of certifian 29d. Data signed (Month, Day, Year) Word 20907 person who complated causa of daath (Item 23a) (Type, Print) 30. Name and add CHAROU ST SAUSBURY 145 MSSD 32 Fiedistray Gionatura State

State of Maryland / Department of Health and Mental Hygiene 97 | 1185

					Ce	rtificate o	f Death		B	eg. No.)	11100
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Funeral Director		059-03-5764	Sex 1X M 2□ F	Age (In yrs. I	est birthday Yrs.	Months Dey		Min.	8. Date of Birth (Month, Dey, Sept. 13	,1916	9. Birthp Cour Ct.	place (Stete or Foreign ntry)
and w		Usuel Residence of Decedent 10e. State 10b. County		10c. City	, Town or L	ocation						tOd. Inside City Limits
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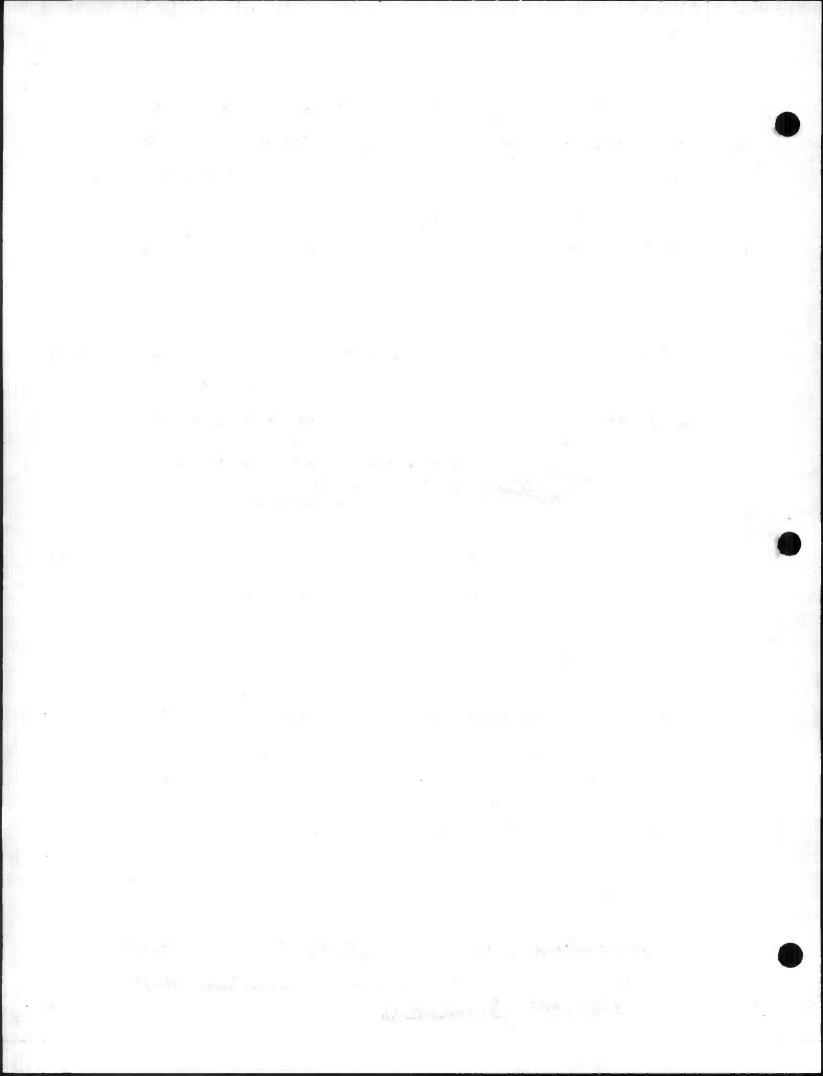
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21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any jointy or other traumatic event, the Mod cal Exercises must be notified at 600.8.	þ	11. Msritsl Status 1 Navar Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decedured For 1 Tags If Yas, Give Yaar or Da	cas? 2 ⊠ No	J,S. 13.	Was Dace If Yas, spe			gin? (Sp i, Puarto	ecify Yas or No Rican, atc.)	14. Rad Biad Specify	e - America ck, Whita, a /: Wh:		
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State of Maryland / Department of Health and Mental Hygiene 97 | | | 87

					Certific	cate of	Death		Reg. No.		
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Funeral Director		5. Social Security Number 6. S 214-32-6317 Usuel Residence of Decedent	Sex 7. Age	(In yrs. lest b	Mon	nder 1 Year ths Days			rth ey, Yee <i>r)</i> 1933	9. Birthp Coun Park	lece (State or Forei try) ley, Virg
Mow #	1.	10a. State 10b. County		10c. City, Tov	vn or Location					1	0d. Inside City Limi
19	ctor	MD Worce	ester	West	over						1 ☐ Yes 2 ☒ N
23a or 28 st be no	Funeral Director	10e. Street end Number 32697 Costen	Road		10f	Zip Code	1871		10g. Citizen of USA		try?
ital Hygiene. d other than "natural", or itams 23a or 28a-f show event, tre Medical Examine must be notified at	by	11. Maritel Stetus 1 Never Married 2 Married 3XWidowed 4 Divorced	12. Wes Decadent E Armed Forces? 1 Yes 2X N If Yes, Give Yeer or Detes:				Hispenic Orlgin? (pen, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)	Spec	eca - Americ eck, White, ify:	
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giene. rr than "r	Completed	Elementary/Secondary (0-12)	College (1-4or 5-	+)	Maid		during most of w	orking	Hote	1	
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Health and I am 27 is ma other traume		19a. Informent's Name/Reletionship (19a. Cope		191	b. Meiling Add 3 Third	lress (Stree Stre	et, Poco	Moke, Ma	er, City or Town ryland	n, Stete, Zip 21853	Code)
Depertment of Health and Mar Important: If Itam 27 is marke any injury or other traumatic once.		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	v)		of Disposition bry, cremetory nai Ch		Cemetery	Date 4/1/97	20c. Location		
Important in sur		21. Signature of Funerel Sendue Licen	588		Benni	e Smi	ess of Fecility th Funer City. M		819 4t	h Str	eet
attending physician end attending physician end loc use as the burier-transit	/Medical Examiner	Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	o. Sec	Due to (or es e	effur consequence	of):					
after for u	Physician/	D 44 04 1 14 1									
ed by the datached	ıysı	Pert II. Other significant conditions of	ontributing to death but	t not resulting i	n the underlyi	ng cause gi	ven in Pert I.				the cause of deat
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offer deat Director: I in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Pleca of Injur building, etc.	y - At home, fa (Specify)	ırm, street, fac	ctory, office		28f. Location (City or To	Street and Num wn, Stete)	ber or Rure	Route Number,
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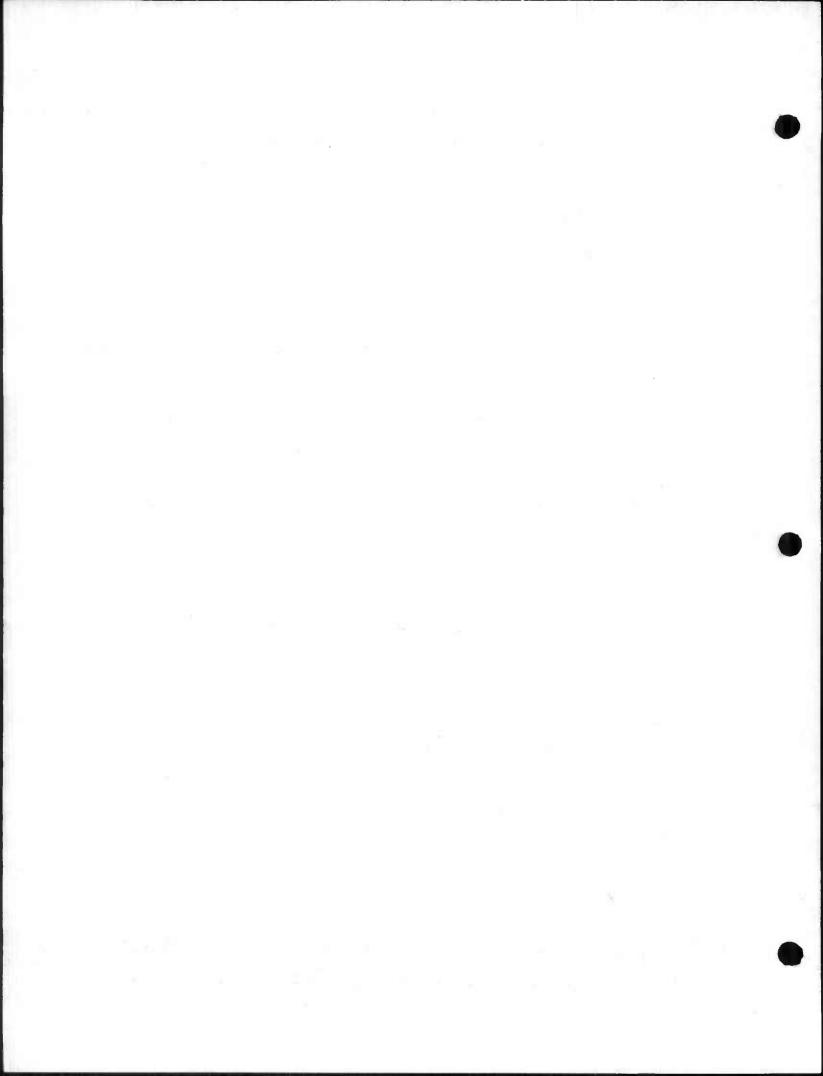
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/Medi Exami		.loarlin					Month	Dey	3. Tima of Death
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Director			D	(In yrs. last bi		Days Hours Min		,1910	9. Birthplace (State or Forai Country) Maryland
yland		10e. Stata 10b. County		10c. City, Tow	m or Location				10d. Insida City Limi
Mar st	tor	MD Kent		Cheste	rtown				XX Yas 2 N
th with the 23a or 28	al Director	10e. Street end Numbar 600 Satterfield	Court		10f. Zip C	21620		10g. Citizan of W USA	hat Country?
hin 72 hours after death with the Maryland B. In "natural", or flems 23a or 28a-f show Med cal Examinat must be notified at	by Funeral	11. Marital Status 1 Naver Merried 2 Marriad 3 Widowed 4 Divorced	12. Was Dacedant Ed Armed Forcas? 1 Yas 2000 If Yas, Give Year or Datas:		13. Was Dacede If Yes, specif	nf of HispenIc Orlgin? (\$ y Cuban, Maxican, Puar ☑No <i>Specify:</i>	Specify Yas or No to Ricen, atc.)	14. Race Black Specify:	Amarican Indian, k, Whita, atc. Black
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ith er 27 is 1 trau		Betty Rowe	ype, Pant)	34	5 Cannon	Straat and Number or R St. Chest	ertown, 1	MD 21620	
or or		20a. Mathod of Disposition			t Disposition (Nama ry, cramatory or oth Church Ce	a of MT. PLEASA Parplaca) emeterv	3/29/97	FAIRLEE	City or Town, Stete town MD 21620
permit. Pa Departmen Important: any injury once.		21. Signatura of Funaral Service Limit	500		Bennie	Addrass.of Fecility Smith Fund	eral Home		
	4	100				91, Dover			
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Physician /Medical		Immediate Ceusa (Final	01/	1					Onsat and Daeth
Examiner		disaase or condition rasulting in daath)	a	T					3 week
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uted	Examiner	Sequentially list conditions	b. Qun	us to for as a	Insequence of):	terrosc	lerosi	7	years
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centificate be executed iding physician end use es the buriel-transit	Medical	Causa (Disease or injury that Initiated avents rasulting in daath) Last	C	ua to (or as a o	consequance of):				
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death he etter ed for u	sici	Pert II. Other significent conditions or	entributing to death but	not rasulting li	the undarlying ceu	ısa givan in Part I.	23b. Did t	obecco use con	tribute to the cause of deat
v requires that the death ce been signed by the ettendi should be detached for use	by Physician/	1 Renal	Failure	20	Thron	boses	10	res 211 No	3 ☐ Probably 4 ☐ Unkno
law requires les been sign s 2 should be	Completed	of lost for	neral a	itery	3 0	boses' bstructu	24a. Was perfor	an autopsy med?	24b. Wara autopsy findings available prior to completion of cause of death?
The law ate hes page 2	mo	Usobathin	(F) Dm	8	Estlina	2	1 D Y	as 20 No	1 ☐ Yas 2 ☐ No
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ig Phys ter this neral di		27. Mennar of Death 1 □ Netural 5 □ Pending	28a. Data of Injury (Month, Day	Year) 28b. 1	Tima of 28c	c. Injury at Work?	T	ow injury occurre	
Attending or deeth. ector: After by the fune	atic	1 Pending 2 Accidant 5 Pending investigation	(Month, Day	1021/	M	1 Yas 2 No			
of or Atte setter de i Directo d in by th	Certification:	3 Suicida 6 Could not be 4 Homicida datarmined	28a. Placa of Injury building, atc.	y - At home, fe (Specify)	rm, streat, factory, o	office	28f. Location (S City or Tow		r or Rural Route Number,
To the Hospital or Attending Phy within 24 hours elier deeth. To the Funeral Director: After this completely filled in by the funeral	edical	29a, Cartifiar (Check only one)	raicien; To the best of a lner: On the basis of a and mannar state	xamination and	, death occurred at d/or invastigation, in	tha tima, data and place my opinion, daath occu	e, and due to the curred at tha tima, c	causa(s) and mar data and placa, a	ner as stated. nd dua to tha ceuse(s)
Vithin To the		29b. Signatura and title of certifiar			29c. L	lcansa number		29d. Date signed	(Month, Day, Year)
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	0	30. Nama and addrass of person who o	ompleted ceusa of daa	ıın (ıtam 23a) (Type, Print)	t., Clust	- 0-	(0 - n	311-
		11/11/15/18	111111 1 /	45 /	- NO OK - KY	- Chest	andler	(VVI)	2620



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month MARCH 28 1997 **Physician** DARWIN 7:56 a.m. ALBERT HUETING /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** Frederick Frederick Memorial Hospital Frederick 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 6. Sex 9. Birthplece (State or Foreign In 1997) **Funeral** 1□XM 2□ F Months Days Hours Min 219-05-2688 Yrs. Director Usuet Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Expenses. 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits Frederick Frederick 1 X Yes 2 □ No Director Maryland | 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21701 U.S.A. 124 Fairview Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1X Yes 2 □ No If Yes, Give 1012 101 11. Maritat Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Btack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Completed by Specify: 3X Widowed 4 ☐ Divorced Yeer or Detes:1943-1945 White 16e. Decedent's Usuet Occupation
(Give kind of work done during most of working life. DO NOT use retired) President 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Wholesale Distributor 12 Wholesales Products 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Harry HUETING, SR. Clara HARTLEB 2 19a. tnforment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 5518 Hayloft Court, Frederick, Md. 21703 Mr. D. Thomas Hueting, Son 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriet 2 Cremetion 3 Removel from Stete Mount Clivet Cemetery, March 31, 1997 Frederick, Maryland 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signature of Funerel Service License 22. Name and Address of Fecility
Keeney and Basford P.A. Funeral Home M00021 106 East Church St., Frederick, Md. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) **Examiner** The law requires that the death certificete be executed burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in death) Lest Cardionyopath P.O. Box 68760. STage Physician/Medical the Due to (or es e consequence of): Pert II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertennian Records, Completed by Non Institute Dependent Diabetis Mellitut 24b. Were autopsy tindings aveileble prior to page 2 should 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ☐ ER/Outpetlent 3 ☐ DOA this To the Hospital or Attanding Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral (Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Division 1 Naturet 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated. Medical 29a. Certifier (Check only one) 29b. Signature end title of centier 29d. Date stgned (Month, Dey, Yeer) 29c. License number 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) . Md 300 Grisson 32 Hogestar & Signature State



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month 57 Physician HIC March ano. OVY /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** URSING OCK 2 DUNG. Rockville
If Under 24 Hrs. 8.
Hours Min. Montgomery Birthplace (State or Foreign Country) If Under 1 Yeer 7. Age (fn yrs. last birthday) 5. Social Security Number Date of Birth (Month, Dev. Year) **Funeral** Days Months 1□M 21 F 8 Yrs Director 218-34-5030 Usual Residence of Decedant Feb 4 1913 Maryland filed within 72 hours after death with the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Insida City Limits or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MD Montgomery Rockville L Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 303 Adclare Road U.S.A. 14. Raca - American Indian, White, etc. Funeral 20850 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1X Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 □XNo Specify: þ Specify: White 3 Widowed 4 Divorced "natural", Year or Dates: Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elamantary/Secondary (0-12) College (1-4or 5+) nurse Nursing Peges 1 and 2 should be filed vent of Health and Mental Hygis ant: If Item 27 is marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be John W. Hickman 2 Beulah M. Morningstar 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22520 Peachtree Rd.

20b. Placa of Disposition (Name of commetery, crematory or other place) Nancy Morningstar-cousin other Boyds, MD 20841
Date 20c. Location - City or Town, State 20a. Method of Disposition Department of important: If it any injury or o Burial 2 ☐ Cremation 3 ☐ Removal from State Monocacy Beallsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerai Service Licenses 22. Name end Address of Fecility Hilton Funeral Home Barnesville, MD 20838

23e. Part1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory are shock, or heart failure. List only one cause on each line. Approximate tntervel Between Onset and Death Physician Immediate Cause (Final disease or condition rasulting in death) /Medical cardiac arrhythmia Examiner Due to (or as a consequence ot): Examiner chronic obstructive lung disease The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Cause (Diseasa or Injury and Due to (or as a consequence ot): physician s the buriel Box 68760, Physician/Medical thet initiated events resulting in death) Last Due to (or es e consequence of): 80 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? Pe 6 1 ☐ Yes 2 No 3 Probably 4 Unknown signed b Division of Vital Records, by 24b. Were autopsy findings Completed 24a. Was an autopsy been evailable prior to completion of cause of death? performed' hes ¥□ No certificate 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case reterred to medical examinar? Be 26. Placa of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☐ No 1 Inpetient 2 ER/Outpatient 3 DOA After this funeral 27. Mannar of Death 28a. Data ot Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? Natural 5 Pending 24 hours after death.

Funeral Director; A investigation 1 Yes 2 No 2 Accidant 6 Could not be determined 3 Suicida 28t. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At homa, tarm, street, factory, office building, etc. (Specify) filled in by 4 Homicida Hospital edicai 29a. Cartifier 📉 Cartifying Physician: To tha bast of my knowledge, death occurred at tha time, date and placa, and dua to tha causa(s) and manner as stated. pietely (Check only one) 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. within 2 the 29b. Signature and title of certitier 29c. License number 29d. Date signed (Month, Dey, Year) 0

State Registrar

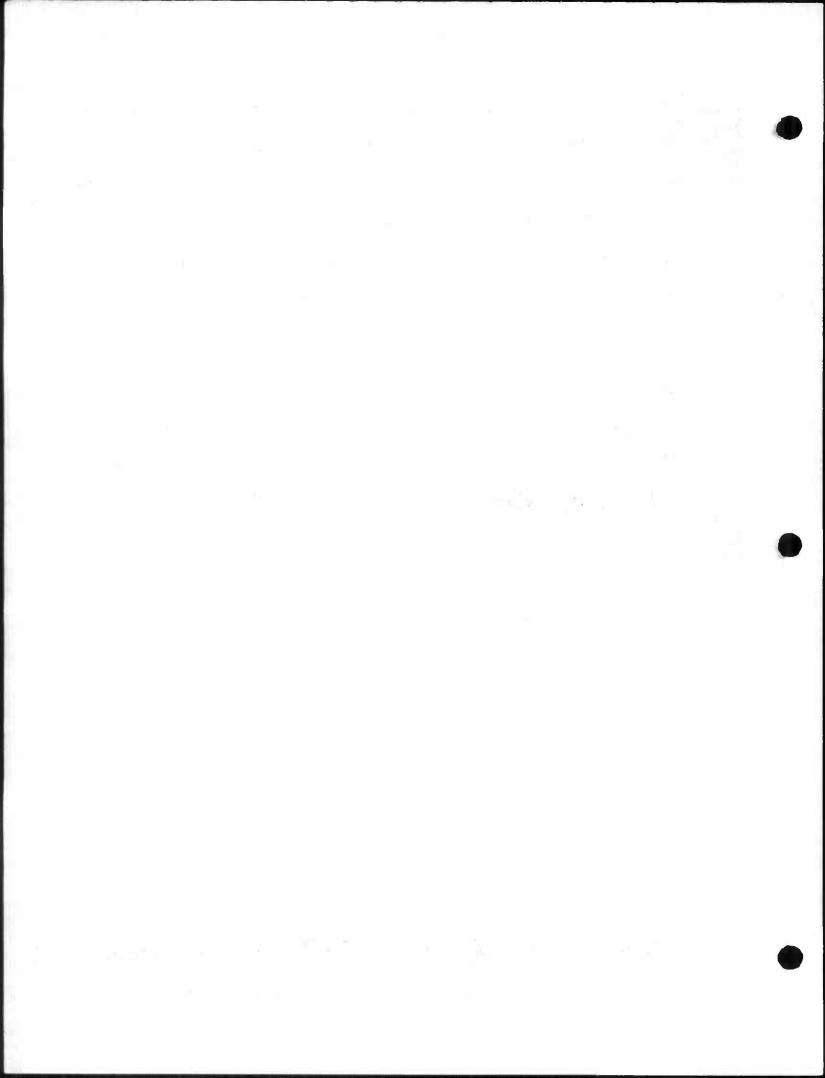
Westphal

F.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

809 Viers Mill Rd. Rockville, Md 20850
32. Begintars Gjonetyre

Author Revealt



State of Maryland / Department of Health and Mental Hygiene 0.7

_			4 December 15 November 15 and Middle 1 and	- 41		Certific	ate of	Death		Reg. No.	,	11121
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ji .	Examir	ner	4a. Facility Nama (If not Institution, giv	ALC: NO STATE OF THE PARTY OF T		1		4b. City, Town, or				
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it th	0 P	급	10e. Street and Number			10f	Zip Code			10g. Citizen of	What Cour	ntry?
ath	23	-	5772 Johnsonto	1			2162			USA		
Q Z 1 Z 1 S-UUZU filed within 72 hours after death with the Maryland	"natural", or itama 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 3 Widowed 4 Divorcad	12. Was Decedant I Armed Forces? 1 Yas 2 I If Yas, Giva Year or Detes:			ecedant of I specify Cub is 2 No	Hispanic Origin? (S een, Maxican, Puar Specify:	Specify Yes or No- to Rican, atc.)	14. Rad Bia Specif	ce - Amaric ck, Whita, Y: Bla	etc.
2 20	etro	Pe	15. Decedent's Ed		16a.	Decedant's I	Jsuel Occu	pation		16b. Kind of B		
d within 72 hours af	than "natur the Medical	Completed	(Specify only highast gra Elementery/Secondary (0-12)	Coilege (1-4or 5	i+)			during most of wo	rking			
A year			8th			Don	nesti			House		
ylanc buld be fi	D A	To Be	17. Fether's Neme (First, Middle, Last) Joseph Graves						ma <i>(First, Middl</i> a, ine Wal		ne)	
should be	marked imatic e	P	-		1.00		10.					
- C/ 0	T Is		19a. Informant's Name/Raletionship (Mrs.Mary E. Hen					e Rd.To				(Code)
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Semit. Pages 1 at	* × ×		1 Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specification)					el Cem.	4-2-97	Cheste	rtow	n
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		5	30. Name and address of person who									
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death March 25 **Physician** 1997 Paul Albert Hastings, Sr. 4:30 p.m. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Magnolia Hall Nursing Home Chestertown Kent Hours Min. May 4, 1922 Social Security Number If Undar 1 Year 6 Sax 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** Months Days 12 M 2□ F 74 214-18-4670 Yrs Delaware Director Usual Residence of Decedent the Marylend 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Director 1 Tyes 2 TXNo Maryland Kent. Chestertown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ items 23a 25478 Lovers Lane 21620 Funeral U.S.A. 12. Was Dacedant Ever in U,S. Armed Forces? tydyfes 2 □ No if Yes, Giva Year or Dates: WWII Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours after 1 Navar Married 3 Married Hygiene. other than "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2√ No Specify p Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Farmer Agriculture parmit. Pages 1 and 2 should be file Department of Health, and Mentel Hy Important: if them 27 is marked other eny liqury or other traumatic event app. 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Clarence E. Hastings Anna Belle Trice 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sadie M. Hastings/Wife 25478 Lovers Lane, Chestertown, Maryland 21620 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chester Cemetery/March 27, 1997 Chestertown, Maryland Fellows, Helfenbein & Newnam Funeral Home, P.A. 21. Signature of Funeral Service Licenses 130 Speer Road, Chestertown, Maryland 21620 23a Partf. Entar #fe disease, or complications that ceused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medical Immediate Cause (Final METASATIC COLOY Concurund 2×n1 disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires thet the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the buriel Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobscco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ ate has been signed pege 2 should be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was cese referred to medical 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No Certification: To this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred After 1 Natural 2 Accident 5 Pending Investigation To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) illed in by 4 ☐ Homicide Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and piace, and dua to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely 29b. Signatura and title of certifiar 29c. License numbar 29d. Date signed (Month, Day, Year) 3-26-97 17-13-24 20 + 130. Name and addless of parson who completed cause of death (Item 23a) (Type, Print) Dr. John Seymour, 122 Speer Road, Chestertown, Maryland 21620 32. Registrer's Signatura

Fuha Davidson 31. Data fiiad (Month) State

DHMH 16 Rev 6/95

Registrar

P.O. Box 68760,

Division of Vital Records.

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Examiner the buriel-transit Pue ettending physicien for use es the burie Box 68760, 8 P.O. 1 à Records, 80 hes certificete of Vital the Hospital or Attending Physician: hin 24 hours efter death. the Funeral Director: After this certifics mpletely filled in by the funeral director, Division

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** 3:30 P.M. Howari EORGIA MARCH /Medicai 4e. Fecility Nema (If not institution, giva street and number) City, Town, or Location of Deeth 4c. County of Deeth Examiner GleN BURNIE ANNE ARUNDEL HOSPItal

7. Age (In yrs. les birthday) Alunder NORTH If Undar 1 Yaar If Under 24 Hrs. 5. Social Sacurity Number 6. Sex Birthplaca (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funerai** Months Deys Hours 1 M 20 F Yrs Director 220-38-7876 MARYLAND Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumstic event, the Medical Examiner must be notified at ANNE ARUNDEL MARYLAND **PASADENA** 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 8212 ELVATON DRIVE 21122 U.S.A. Items 23a Funerai 12. Wes Decedent Evar In U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yas, Giva Yeer or Detas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 ò 1 Yas 2 No Specify: WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced "natural', Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education fy only highast grade completed) 16b. Kind of Business/Industry (Specify only highast g marked other than Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME N/A permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: if Item 27 is marked other any Injury or other treumatic event. 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be WILLIAM ALBERT KUHL ELIZABETH MONROE 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) SHIRLEY C. HOWARD 8212 ELVATON DRIVE, PASADENA, MARYLAND 21122 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 Other (Specify) GLEN HAVEN MEMORIAL PARK 4/1/97 GLEN BURNIE, MARYLAND 22. Nema and Address of Fecility SINGLETON FUNERAL HOME, 21. Signature of Funeral Service Licensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MARYLAND21061 or complications that caused the deeth. Do not anter tha mode of dying, such es cardiac or raspiratory arrest, List only ona cause on each line. Approximete Intervel Betw Onsat and Deeth **Physician** /Medical Immediate Ceuse (Final CEPSUS disaesa or condition resulting in deeth) Due to (or es e consequence of): RBAI RATORY FAILUNE Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): ALMONARY MISERSE OBSTRUCTIVE Physician/Medical Due to (or es e consequance of) Pert ff. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? INPARCITION 1 Yes 2 No 3 Probably 4 Unknown by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed ASTERL 1 ☐ Yes 2 No Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 No 1 npatient Certification: To 1 Yes 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menne of Deeth 28b. Time of 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide within 24 hours of To the Funeral Di completely filled in Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ■ Gertaling Physician: 10 the best of his knowledge, death occurred at the time, date and place, and does not be couse(s) and the couse(s) the couse(s) and the couse(s) are considered and the couse(s) and the couse(s) and the couse(s) are considered and the couse(s) and the couse(s) are considered and the couse(s) are conside (Check only one) 29b. Signatura end title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Yeer) MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DEIVE, GLEN MINNIE Oleetunp. 301 31. Dete filed (Month, Day, Yeer)

State Registrar

APR 01 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death . Day 1997 **Physician** MARCH 28 **JAMES** HOFFMANN, JR. 1630 /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner ANNE ARUNDEL ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS Hours Min. 8. Data of Birth Month, Dey, Yea 11-05-192 5. Social Sacurity Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foreign Country) **Funeral** Days 10 M 2 F 75 213-16-5721 Director MARYLAND Usual Rasidance of Dacadent with the Maryland 10b. County 10c. City, Town or Location items 23a or 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at Director MARYLAND ANNE ARUNDEL CROWNSVILLE 1 Yas 2 No 10f. Zip Coda 10g. Citizan of What Country? 314 S. RIVERSIDE DRIVE 21032 U.S.A. Funeral Peges 1 end 2 should be filed within 72 hours after death nent of Health and Mental Hygiene. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 "natural", or 1□ Yas 2□ No Specify Specify: WHITE þ WW II 3 Widowad 4 Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry then Elementary/Secondary (0-12) College (1-4or 5+) CREDIT & INVESTIGATING permit. Peges 1 and 2 should be filed will Department of Health and Mental Hygienn Important: If Item 27 is marked other the eny injury or other traumatic event, the panes. 12 SELF EMPLOYED 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Surnama) Be **JAMES** HOFFMANN, SR. HERMINE BACHINE 2 19a. Informant's Nama/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) DONNA R. HOFFMANN (WIFE) 314 S. RIVERSIDE DRIVE, CROWNSVILLE, MD. 21032 20a. Method of Disposition 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cremu 3 Ramoval from State 4 Donation 5 Other (Specific NEW CATHEDRAL CEMETERY 4/2/97 BALTIMORE, MD. 21. Signature of Fine at Service L 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Part1. Eater the di shock, or heart fai lications that ceusad tha daath. Do not antar tha moda of dying, such as cardiec or raspiratory errest, are causa on each lina. Approximete Intarval Betwaan Onsat and Death Physician Immadiata Cau (Final disaasa or condition rasulting in deeth) **/Medicat** In mediate Examiner Examiner physician end the bunal-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiate ceusa. Enter Underlying Cause (Disaasa or Injury thet initiated avants Dua to (or as a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medical resulting in death) Last usa as t ettanding p signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown ģ 24b. Wara autopsy findings aveileble prior to complation of ceusa of death? 24a. Wes an autopsy performed? Completed page 2 s certificate has 2 1 No 1 Yas 1 Yas 2 No or Attending Physician: effer deeth. Director: After this certifica funerel director. Be 25. 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Medical (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signatura and title of confiller 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) March 29, 1997 30. Name and eddress of person who complated causa of death (Itam 23a) (Type, Print) Cochrene Dr , Annopolis In D ZIYU 180 Admirch Birgitta Miller

State Registrar 31. Date filad (Month, Dey, Yaar)

APR 0 4 1997

32. Ragistrar's Signetura

Mulia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

3. Tima of Deeth

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10d. Inside City Limits

Approximata Intarval Batween Onsat and Death

23b. Did tobacco use contribute to the cause of death?

29d. Data signed (Month, Day, Year)

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1 ☐ Yas 2 No

Birthplaca (Stata or Foreign Country)

Maryland

White

1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** 1997 **PRETTYMAN** MARGH /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALTSBURY
If Undar 1 Yaar | If Undar 24 Hrs. | 8, Da WICOMICO 8. Data of Birth (Month, Day, Year) OCT 4, 192 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 1 M 2□ F Days Min. Yrs. Director 221-10-9806 76 Usual Residence of Dacedant tha Meryland 10a Stata 10b Counts 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examinat must be notified at Directo Wicomico Parsonsburg Maryland 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 21849 Old Ocean City Road (P.O. BOX 71) U.S.A. daath Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2000No Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours aftar I Department of Health and Mental Hygiena. Important: If Itam 27 is marked other than "natural", or iter any Injury or other traumetic event, the Medical Exercises 1 Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas AXNo Specify: þ Specify: 3 Widowed 4 □ Divorced Completed Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complatad) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Self Employed Business Owner | Poultry Equipment 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Be Prettyman Jones Elizabeth Timmons 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 34722 Old Ocean City Road, Pittsville, MD 21850 Ernest James Jones / Son 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3/25/97 Millsboro, Delaware Millsboro Cemetery 22. Nama and Addrass of Facility
Watson Funeral Home, Inc. 21. Signature of Fugaral Service Licenses 211 Washington St., Millsboro, Delaware 19966 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physiclan** /Medical Immediate Causa (Final disaasa or condition rasulting in daath) Examiner burial-transit and attanding physician for usa as the buria Box 68760

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Physician/Medical à Completed Be 2

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29a, Cartifian

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Hospital or Attending Physician: 24 hours aftar daath. Funeral Director: Aftar this cartifica

• Funeral

To the Hosp within 24 hou To the Funer complataly fil

Division of Vital Records, P.O.

Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes 2 No 3 Probably 4 2 Unknown 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa rafarred to medical 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☑ ER/Outpetient 3 ☐ DOA 27. Mennar of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No 2 Accidant Invastigation 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledga, daath occurred et tha tima, data and place, and dua to tha cause(s) and menner es stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

29c. Licansa number

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State Registrar

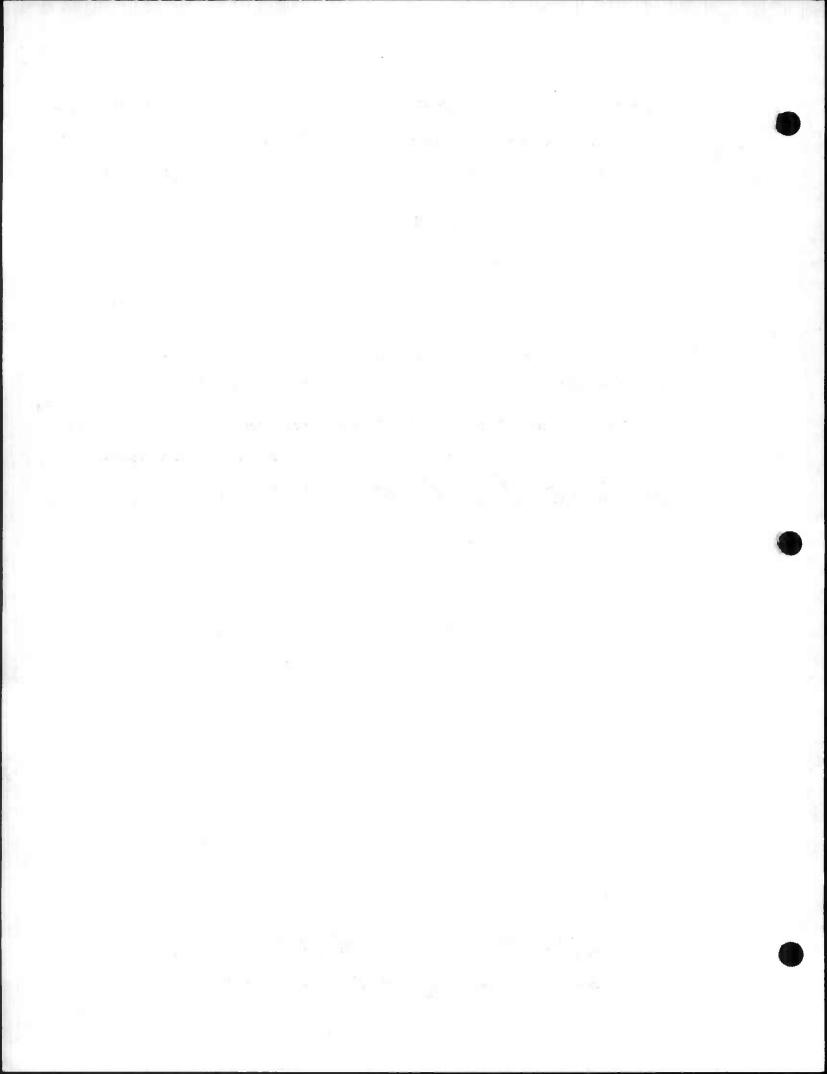
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68760, tificate be axecuted g physician and as the burial-transit	edical	Sequantially list conditions, if eny, leading to immediata ceusa. Entar Undarving Cause (Disaasa or Injury that initiatad avants resulting in daath) Last	c. emply	como	saquance of):					
hat the death certification of the detached for use a	Physician/M		d							
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that the hed by a detac	by Ph						100	2 □ No	3 Prob	ably 4 ☐ Unknown
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Division o To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Cartifiar (Check only one) 1 € Certifying Pt	nysician: To the best of my ninar: On the basis of axan end mennar stated.	knowladga, da nination and/or	ath occurred at tha tim invastigation, in my op	na, data and place, an pinion, daath occurred	nd dua to tha ca d at tha tima, da	usa(s) and ma ata and piace, a	nnar as sta and dua to	ated. tha causa(s)
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

1. Decedent's Neme (First, Middle, Last)

George Jacobs, Sr.

4b. City, Town, or Location of Deeth

Atlantic General Hospital

6. Sex

7. Age (In yrs. lest birthdey)

H Under 1 Year | Hongre 24 Hrs. |

1. Decedent's Neme (First, Middle, Last)

About 1 Pager | Hongre 24 Hrs. |

1. Decedent's Neme (First, Middle, Last)

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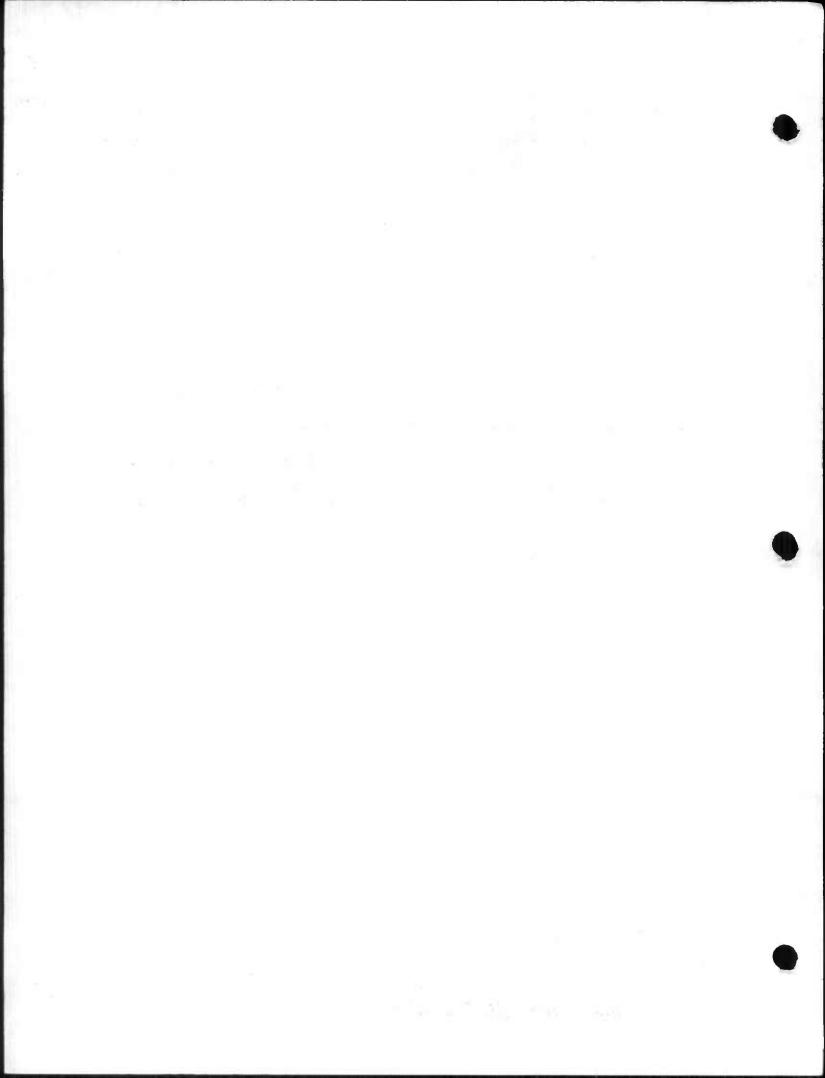
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9. Birthplece (State or Foreign

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	Funeral		5. Social Security	Number 6. S	ex 7. /	Age (In yrs.	lest birthdey)	If Unde	r 1 Year Days	If Under 24 h				ece (Stete or Foreign
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State Registrar

Physician /Medical



State of Maryland / Department of Health and Mental Hygiene

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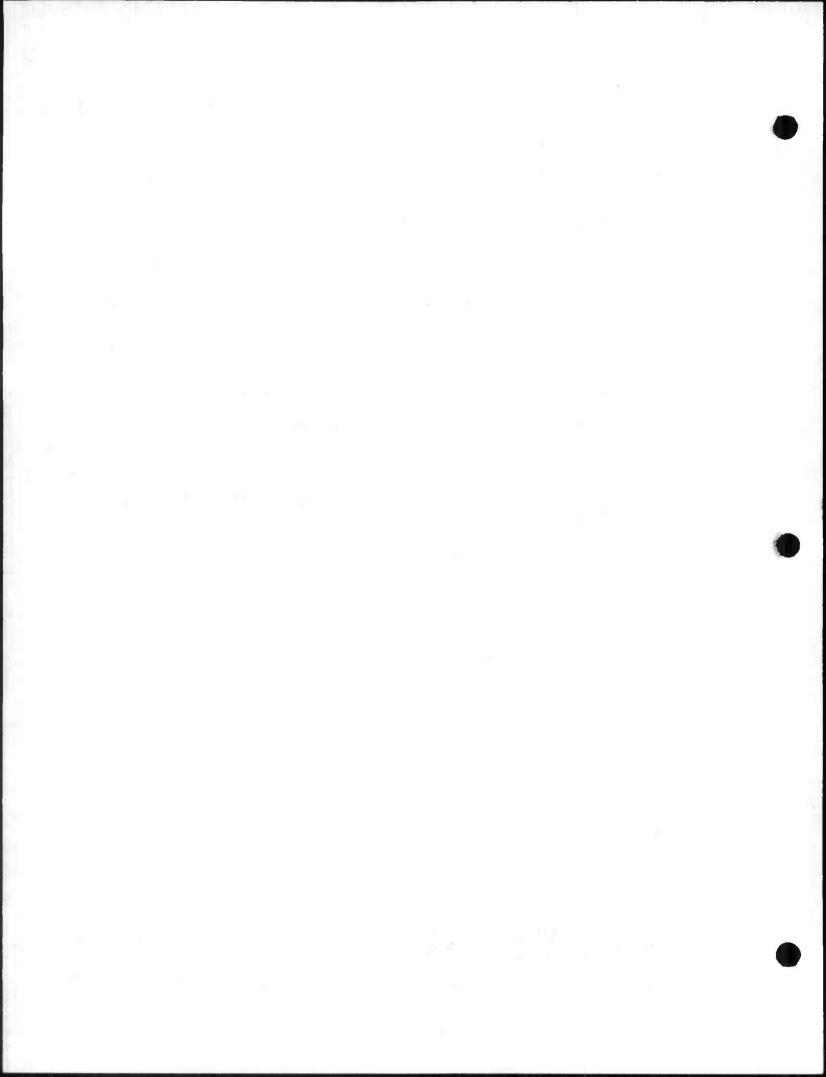
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	certificate has been signed by the attanding physician and certificate has been signed by the attan	this certificate has been signed by the attended by the attended for use as the burial-transit and inspectant. If them 27 is marked other than "natural", or items 23s or 28s-4 show and inspection and an inspectant if them 27 is marked other than "natural", or items 23s or 28s-4 show and inspection, page 2 should be detached for use as the burial-transit and inspection, page 2 should be detached for use as the burial-transit and inspection. To Be Completed by Physician/Medical Examiner	Frederick Memical prices of Decorption of the property of the	Frederick Memorial Hosp Scale Security Number 6. Sex 15	Funeral Director Prederick Memorial Hospital Final Prederick Funeral Director Frederick Memorical Hospital 5. Social Sacurity Number 6. Sex 215-98-8897 10. City, Town or Lo 10. Steel 10b. County 10c. City, Town or Lo 10c. Street end Number 5. The Cotswald Count 10c. Street end Number 5. The Cotswald Count 11. Marital Status 12. Wes Decedent Ever in U.S. Apriled Forces? 11. Marital Status 12. Wes Decedent Ever in U.S. Apriled Forces? 11. Marital Status 12. Wes Decedent Ever in U.S. Apriled Forces? 12. Wes 2 No 13. No 13. No 14. No 15. Decedent's Education (Specify only highest grede completed) 16. Decedent's Education (Specify only highest grede completed) 17. Fether's Nema (First, Middle, Last) William H. James 19e. Informent's Name/Reletionship (Type, Print) 10c. Print H. James 10	Frederick Memorical Hospital Frederick Memorical Hospital Frederick Memorical Hospital Frederick Memorical Hospital Frederick Memorical Hospital Social Security Number 15. Social Security Number 10a. Street 10b. County 10c. City, Town or Location 10c. City, Town or Location 10c. Street end Number 10b. County 10c. City, Town or Location 10c. Street end Number 10b. Street	Frederick Memorial Hospital Frederick Memorial Frederick Frederi	Frederick Memorial Hospital Frederick Social Security Number 5. Social Se	Frederick Memorial Hospital Frederick Memorial Hospital Social Security Number Social Security Numb	Frederick Memorial Hospital Frederick Source Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 6. Septim Security humber 7. Rep first year humber 8. Septim Security humber 8. Septim Sec	

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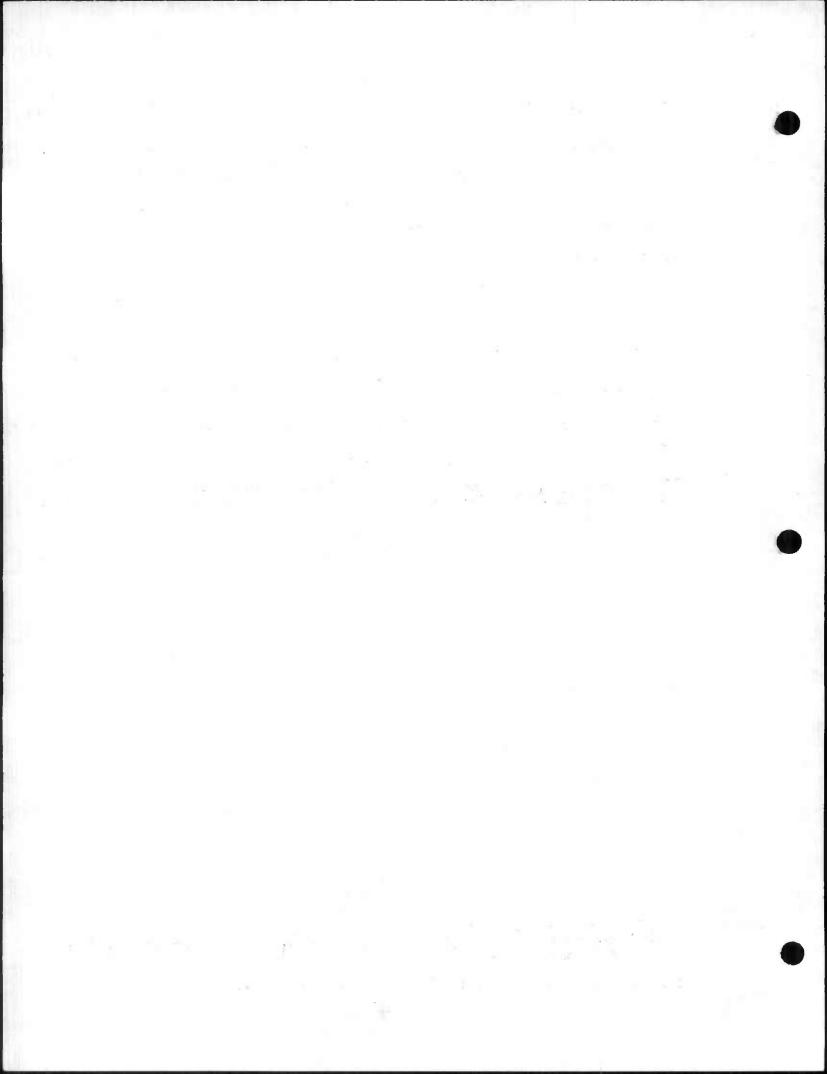
32. Registrer's Signature

Awalson-Randall



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

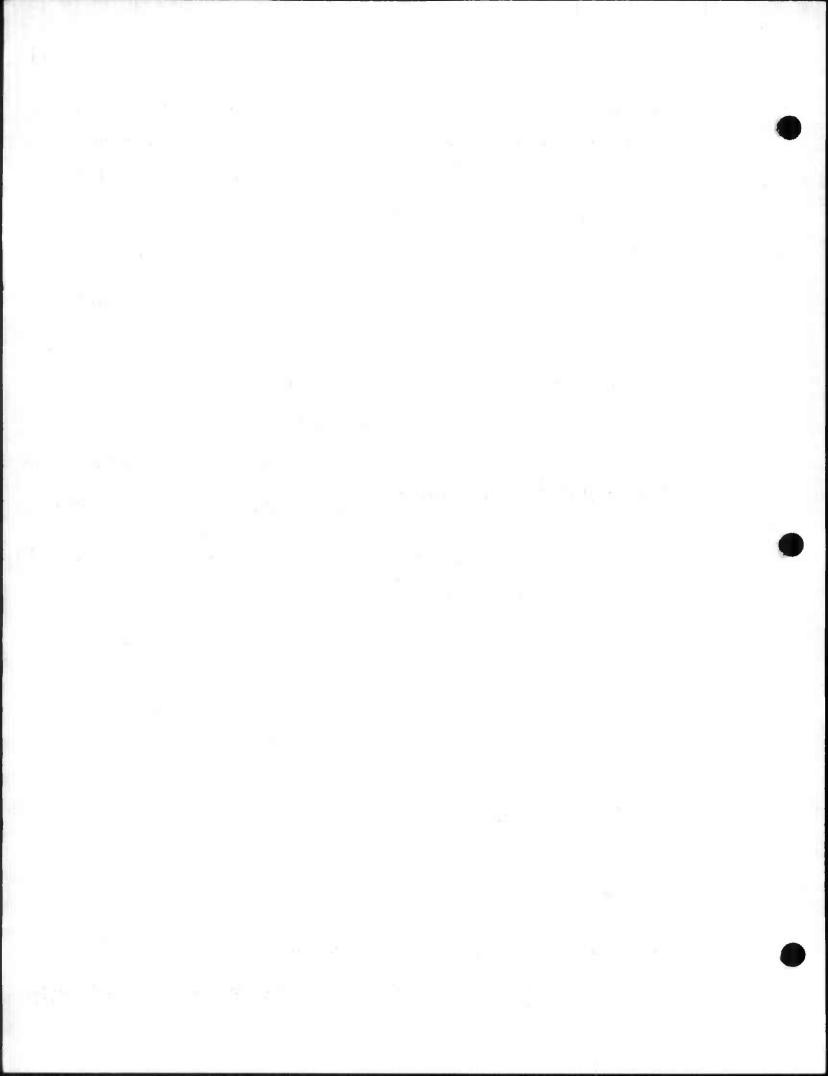
Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Evantrea must be notified at one one. To Be Completed by Funeral Director	Jual Residence of Decedent Joan Stete 10b. County Maryland Frederic Juan Stete 10b. County Maryland Prederic Juan Stete 10b. County Maryland Prederic Juan Stete 10b. County Juan Stete 10b. County Maryland Prederic Juan Stete 10b. County Maryland Frederic Juan Stete 10b. County Ju	JAMES, JR. street end number) Drive 7. Age (In yr. 36) Mt. 10c. C k ive 12. Was Decedent Ever in Armed Forces? 1	16a. Dece	Months Cocation 10f. Zip Cocation 2177 Was Deceden	Mt. Air Year If Under 24 H Days Hours M ode 71 t of Hispanic Origin? Cuban, Mexican, Pur	2. Dete of Dei Month March or Location of Deeth y rs. 8. Date of Bin (Month, Da March 3	Day 19, 19 4c. County Frede A, Year) 10g. Citizen of V	9. Birthpla Countri Mary 1	nd. Inside City Limits 1 □ Yes 2 No ry? S In Indian,
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Baltimo Baltimo Beanir. Pege Pegentinent o Important: If in any injury or any injury or any injury or	Karin D. James / N	WIFE	6120	Ridgel	ine Drive	, Mt. Air	y, MD	21771	
Physician /Medical Examiner	0a. Method of Disposition 1 2 Burial 2 ☐ Cremation 3 ☐ I	20b.	Placa of Dispo cametery, cre-	osition (Name matory or othe	of er place)	Date	20c. Location -	City or Tow	m, State
Physician /Medical Examiner	4 ☐ Donation 5 ☐ Other (Specify,	Su		emorial			Cumber1a	and, M	Maryland
Physician /Medical Examiner	21. Signature of Funeral Service Licens	Macka	St	tauffer	ddress of Facility Funeral				1 01771
/Medical Examiner	23a. Part1. Enter the disease, or comp shock, or haart failure. List only o	licetions that caused the dene cause on each line.	Do not en	iter the mode o	geville B f dying, such as card	ac or respiratory ar	rest, M	1	Approximata Interval Between Onset and Death
	mmediate Cause (Final disease or condition asulting in death)	a. progressiv	or as a conse		stoma	multifar	we	L	tyears
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T.O. BO	art II. Other algnificant conditione con	ntributing to death but not re	sulting in the u	inderlying caus	e given in Part I.	23b. Dld t	obacco use cor	ntribute to t	the cause of death?
. 5 00			<u> </u>		435	101	'es 2□ No	3 Probe	ably 4 Unknown
aw requir						24a. Was a perfor	an autopsy med?	avail	re autopsy findings labla prior to pletion of cause eath?
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ician: The certificate rector, pag	5. Was case referred to medical examiner?					eath (Check only or	ne)		
Physician: this certific ral director,	1 ☐ Yes 2 No		ER/Outpatier		Other: 4 Nursing		enca 6 Oth		
Attending F r death. ector: After by the funer Iffication:	7. Mannar of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	of 28c.	Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe h	ow injury oocurr	ed	
	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At the building, etc. (Special Control of the Control of t	nome, farm, str	reet, factory, of	fice	28f. Location (S City or Tow	treet and Numb n, State)	er or Rural i	Route Number,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in Medical Cert	9a. Certifiar (Check only one) Certifying Physical Examination	alclan: To the best of my kneer: On the basis of examinand mannar stated.	owledga, daath ation and/or In	h occurred at the	ne tima, data and place my opinion, death occ	ca, and dua to tha d curred at the time, d	ausa(s) and ma lata and place, a	nnar as stai	ted. he cause(s)
within compl	9b. Signature and time of degitter	111 ~ 111	\cap	29c. LI	cense number	2	9d. Data signed	d (Month, De	ay, Year)
	▶ (Thorongon)	M CULL	U	D.	21231		March	211	1997
30	D. Name and address of person who co								
State 3	Dr. Peter Pushkas	1151 82 Begistrar # Sign		eorgetor	wn Road, R	ockville	MD		



		1. Decedent's Name (First, Middla, Las	st)			11		2. Dete of D			3. Time of Death
Physici		Luther Eugene Jo	hnson					Month	Day 18	Year 1997	10:56 AM
/Medic		4e. Facility Neme (If not institution, give					4b. City, Town, o	r Location of Dea		y of Deeth	
		Frederick Memo	orial Hospi	tal			Freder	ick	Fr	ederi	ck
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sho	ž	Maryland Freder				erick				10	1 Ves 2 □ N
288-1	Director	10e. Street end Number	10/1		LCGC	10f. Zip Code			10g. Citizen of	Mhat Carmi	26
al', or items 23a or 28e-f show Examinat rount be notified at		5678 Barberry Co	ourt			Tol. Zip Gode	21703		_	S.A.	шуг
THE 2	Funeral	11. Marital Status	12. Was Decedent Eve	er in U,S.	13. W	as Decedent of	Hispenic Origin?	Specify Yes or N	o- 14. Ra	ce - America	an Indien,
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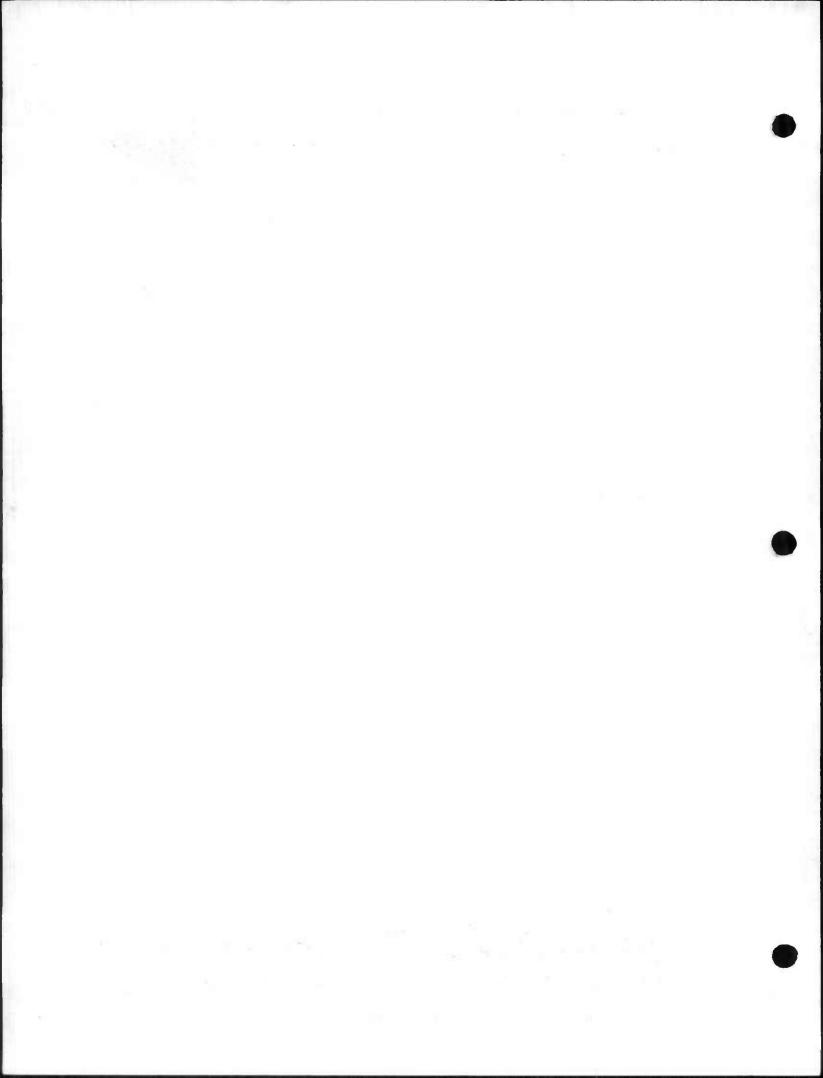
32. Registrar's Signature

State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 7

					Certific		Death		Reg. No.	/	1202
Physic /Med			arie		ser			2. Data of De Month	Day	Yaar 97 (Tima of Death 0942
Exam		4a. Facility Nama (If not institution, g	5				4b. City, Town, or Ann.	Location of Deat		of Death	
Funera Director		5. Social Sacurity Number 6. 578 - 32 - 4575		ga (In yrs. last birt	rhday) If Un Monti	dar 1 Yaar hs Days	If Undar 24 Hrs Hours Min.	8. Data of Bir	th y, Year) 1,1925	9. Birthplaca Country) Mary 1	(Stata or Foreign
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h with the A 3a or 28a-	Funeral Director	10e. Street and Number 2111 Bay Dri	ve		10f.	Zip Coda 21	401		10g. Citizen of V		
d CICID-UOZO filed within 72 hours after death with the Meryland thyglene. ther than "natural", or items 23s or 28s-f show ont, tre Medical Examiner must be notified.	by	11. Marital Status 1 □ Nevar Married 2 I Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces 1 ☐ Yas 2 ☐ If Yas, Giva Year or Datas:	?		cedant of H pecify Cuba 2 No	Ilspanic Origin? (S an, Maxican, Puan Specify:	pecify Yas or No to Rican, atc.)	14. Rad Bla Specifi	ce - Amarican Ir ck, Whita, atc. Wh	ite
and ZIZIS-0020 be filed within 72 hours af ntal Hygiene. d other than "netural", or event, the Med cel Exem	Completed	15. Decedant's I (Specify only highast g Elemantary/Secondary (0-12)	Education rada complated) Collega (1-4or	5+)	Decedent's U (Giva kind of lifa. DO NOT Admini		eatlon during most of wo	rking	18b. Kind of B	overn:	
\$ \$ \$ \$ \$ \$	To Be C	17. Fathar's Nama (First, Middla, Las William Thoma					18. Mother's Nam Ellen				
Maryic	-	19a. Informant's Name/Ralationship			-	ass (Street	and Number or Ri			Stata, Zip Coo	ie)
		Robert Davidso	n Kiser/				y Dr.,				
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mit. Pa partmer portant: y injury S&		4 □ Donation 5 □ Other (Spec 21. Signature of Fugeral Service Co					emetery			svill	
permit. Departi Imports any Inji		1 mas 5	V Zom				ss of Facility Sons, chie H				
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f or Attending I after deeth. Director: After d in by the funer	Certification:	1 Natural 5 Panding Investigation 3 Suicida 6 Could not loat mined	28a. Place of In	ury - At homa, fai c. (Specify)	M m, straat, fac	1 🗆	k? Yas 2□No	28f. Location (Street and Numb vn, Stata)	per or Rural Ro	uta Number,
Hospita 4 hours Funeral	edicai Ce	29a. Cartifier (Check only one) 1 ☐ Certifying P 2 Medical Exa	hysician: To the best miner: On the basis o and mannar st	f axamination and	daath occurr Vor Invastigati	ed at the tir	ne, date and place pinion, daath occu	, and dua to the irred at tha tima,	cause(s) and made and place,	annar as stated and dua to tha	cause(s)
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		10. Nima and addrass of parson who	completed causa of c	101	Type, Print)	100	060. 35 K	Imor	LA	210	35
St	ate	Data filed (Month, Day, Year)	32. Ragistr	ar's Signatura	8		- /- V				



97 - 073

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Bea No.

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Physician /Medical Examiner

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itams 23e or 28a-1 show any injury or other traumatic event, the Medical Examples incut to incut of a page.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Mospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours efter death.

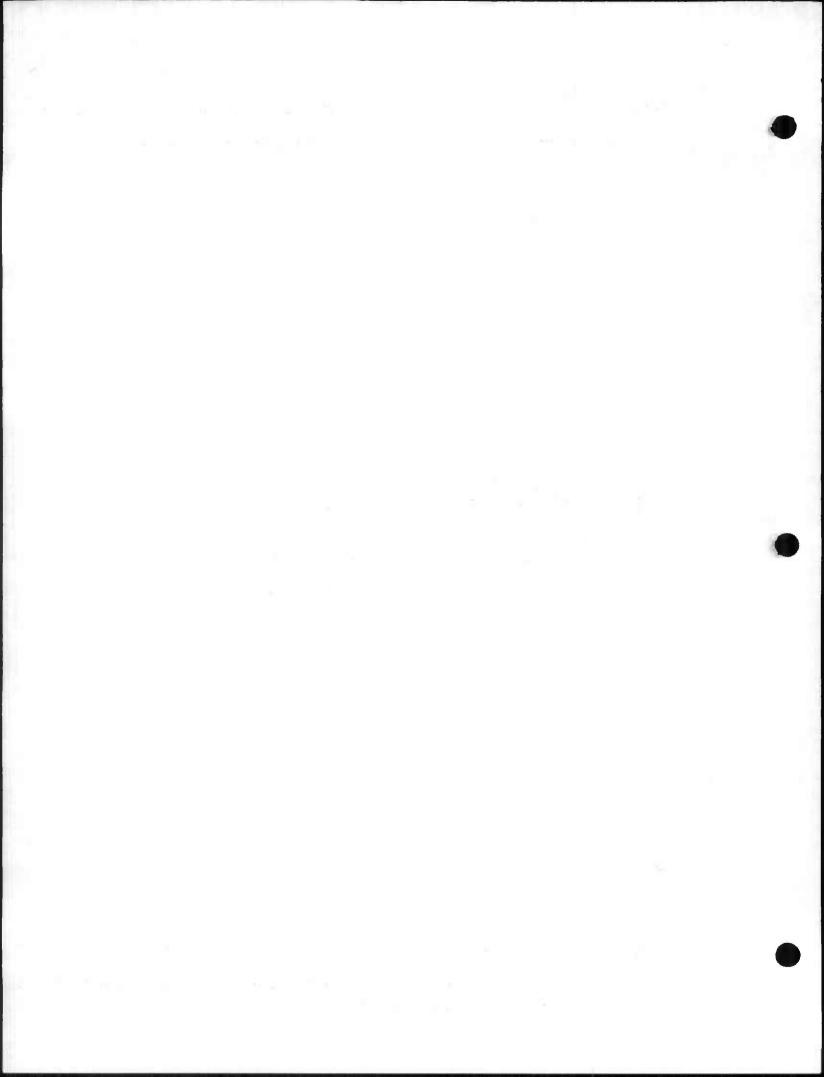
To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

							Reg. No.		
1. Decadant's Nama (First, Middla, Last))			1	. 16	2. Data of Da		V	3. Tima of Death
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N. WREW MO-111 Penn Street, Baltimore, Maryland 21201

State Registrar



State of Maryland / Department of Health and Mental Hygiene

97 11204

						Cei	rtificate	of Death		Reg. No.		
			1. Decedent's Name (First, Middle,	Last)					2. Date of De			3. Time of Death
	Physic		ANDREW	CHARLES	3	LOC	KWOOD	SR.	Month MARCH	29	Year 1997	11:20AM
	/Medi Exami		4a. Facility Name (If not institution,	give street and number)				-,	or Location of Deet			1 22100121
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-	Funeral				e (in yrs. ias		if Under 1 Y	eer if Under 24 H	rs. 8. Date of Bi			place (State or Foreigntry)
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Division	9 8 A	Certification:	4 Homicide determine		ury - At home c. (Specify)	e, farm, str	eet, fectory, of	fice		(Street and Num wn, State)	ber or Rura	al Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in		29a. Certifier 1 Certifying I	Physician: To the best of	of my knowle	dge, death	occurred at the	ne time, date and pla	ce, and due to the	cause(s) and m	anner as st	(ated.
	he H	edical	one)	aminer: On the basis of end manner sta	ated.	and or in	restrigation, in I	ny opinion, deeth oc	curied at the time,	oate and place,	and due to	ule cause(s)
	within 2 To the	2	29b. Signature and tale of certifier	27			29c. Li	cense number		29d. Dete signe		
		10	1/4	furt	n.	9.	0	30690		Morch	29,	997

State Registrar

1195 E. Giroll St., Salisbury MD 31. Dete filed (Month, Day, Year)

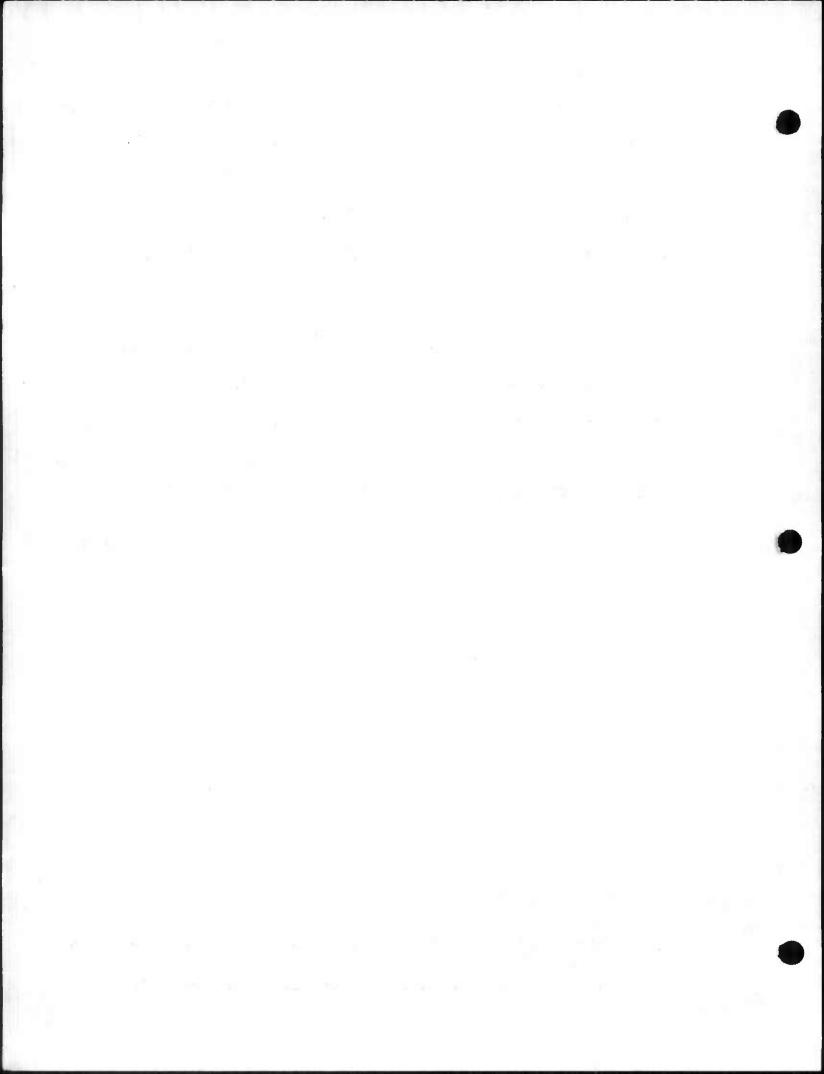
Janes B. Martin

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

T 1 20

State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate (of Death	Я	eg. No.	21	11200
Physi	ician	Decedent's Name (First, Middle		PP.				2. Date of Dee Month	Dev	Yeer	3. Time of Deeth
	dical	GEORG				LAIRD		MARCH			4:06 PM
Exan	niner	4e. Fecility Neme (If not institution,		er)			4b. City, Town, or L	ocation of Deeth	4c. Count		
	_	MEMORIAL				If I looks d M	EASTON	,	TAL		
Funera Directo	_	161-07-1628	PR	76	st birthday) Yrs.	If Under 1 Your Months De	ear If Under 24 Hrs. Bys Hours Min.	8. Dete of Birth (Month, Day Sept. 20	,1920	9. Birthplac Country IVIa	ryland
and w		Usuel Residence of Decedent 10a. State 10b. County		10c. City.	Town or Lo	cation				100	I. Inside City Limits
f she	٥	Maryland Talbo	t.		. Mic					100	1 ☐ Yes 25 No
the 128e	e c	10e. Street and Number		D.C.	. IVIIC	10f. Zip Coo	da		0g. Citizen of	Miles Court	4.8
with so or	ā	105 St. Michael	c Cottomor			2166			U.S.A.	whet Country	,,,
Jeath Tre 2	lera	11. Marital Stetus	12. Wes Deceden	nt Ever in U.S.	. 13. V					ce - American	Indian
in 72 hours after death with the Manyland n°naturel, or items 23e or 28a-f show Rolical Examiner in mat be notified at	Completed by Funeral Director	1 ☐ Never Merried 2 🛣 Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Forces	No A ransz		f Yes, specify (of Hispenic Origin? (Sp Cuban, Mexican, Puerto No Specify:	Ricen, etc.)		ck, White, etc	. ·
72 ho	ted	15. Decedent' (Specify only highest	s Education		16e. Deced	lent's Usuel Oc	cupetion	via a	16b. Kind of B	usiness/Indu	stry
C . N	nple	Eiargaptary/Secondary (0-12)	Coliaga (1-4or	r 5+)			one during most of work				
T1 00 h	Co	11			Store	Operat	or		Dry Cl	eaning	
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	2	George Frankli					Nora VI	rginia J	ackson		
0 0 0 0		19e. Informent's Name/Raiationsh	ip (Type, Print)		19b. Mailin	ig Address (Str	reet end Number or Ru	rei Route Number	City or Town	, Steta, Zip C	oda)
f Heelth item 27		Betty C. Laird	Wife		P.O.	Box 39	6 St. Mich	aels, Ma			
Ses tot M H		20e. Method of Disposition 1 X Burial 2 Cremetion	3 □Removal from State	20b. Pied	netery, crem	sition (Name of netory or other	place) April	2, Date 1997	20c. Location	- City or Towr	, State
tmen tant:	13	4 □ Donetion 5 □ Other (Sp.		Mary	land V	Veteran	s Cem. E.	Shore	Hurloc	k Ma:	ryland
permit. Pa Departmen Important: any Injury		21. Signeture of Funeral Service L	censee	1			dress of Fecility E. Leonar	d Dimono	1 Home		
00560	×	Hamou &	Lonur	1			albot St.			/Arylai	nd 21663
		23a. Pert1. Enter the disease, or of shock, or heart feilure. List of	omplications that cause	ed the deeth.	Do not ente	er the mode of	dying, such es cardiac	or respiretory erro	est,	A	pproximete tervel Between
Physiclar										0	nset and Deeth
/Medica Examine	_	immediate Ceuse (Final diseese or condition	Anoxi	c Ence	epha]	lopath	У			1	day
LXUIIIII		resulting in death)	0.	Due to (or e	s e conseq	uence of):					
P žis	ine		_ Cardia	ac Ar	rest	due t	o Ventrio	cular T	achyca	ardia	1 day
certificate be executed Iding physician and use as the bunal-trensit	Examiner	Sequentially list conditions,		Due to (or e	s e conseq	uence of):					
be eg ician buria		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaesa or injury	Hypoka	alemia	a					1	day
rificate be executed ng physician and as the burial-trensit	Medical	thet initiated events resulting in death) Last		Due to (or e	s e consequ	uence of):					
	Me		_ d Corona	ary A	rtery	Dise	ase with	MI		1	day
death cer le ettendir ed for use	Physician/										
0 0 0	ysi	Pert II. Other significant condition	s contributing to daeth I	but not resulti	ng in the un	derlying cause	given in Part I.	23b. Did to	bacco use co	ntribute to th	e cause of death?
The law requires that the death ce ate hes been signed by the ettendi pege 2 should be datached for use		Old MI						1月1	2 □ No	3 Probat	y 4 □ Unknow
sign d be	d by							240 14/00 0	. autonou	24h Were	eutopsy findings
v require been sig should t	ete	CABG						24e. Wes e		eveile	bie prior to letion of cause
hes pe 2	Completed	T	01-7:							of dea	ith?
cate		Impaired LV	Systolic	Funct	tion			1□ Ye	s 2 No	1 🗆 Y	es 2 No
Physicien: r this certific rel director,	Be	25. Wes case referred to medical exeminer?	Hospital:				26. Plece of Deet	h (Check only on	9)		
Phys this rei di	To	1 ☐ Yes 20 No 27. Manner of Deeth	1 Ki Inpati	-	VOutpetient	3L DOA		me 5 Reside			
Sing After	Certification:	1 Netural 5 ☐ Pending	28a. Data of Inju (Month, De	ey Year)	8b. Time of Injury		Nork?	28d. Describe ho	w injury occur	red	
Attending or death. ector: After by the fune	Cat	2 Accident investiga 3 Sulcide 6 Could no	4 5 -	diam and the second			Yes 2 No	not I marine (Or		0 10	
or A Direction by	F	4 ☐ Homicide datermin	28a. Piece of In building, e	tc. (Spacify)	e, iarm, stra	lat, factory, one	Ce.	28f. Location (St. City or Town		er or Hurai H	oute Number,
pital ours orel filled		29e. Certifier 12 CertifyIng	Physician, To the best	of much moude	do do do de						
To the Hospital or Attending Physicien: The Is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Check only 2 Medical Ex	Physician: To the best taminer: On the besis of end mennar si	of examination	n end/or inv	astigation, in m	y opinion, daath occur	end due to that ca red et the time, de	usa(s) end me ta end place,	and dua to th	e cause(s)
o the	Me	29b. Signeture end title of certifler	. /	tutou.		29c. Lice	ense number	25	d. Dete signe	d (Month, Da	v. Year)
- > - ō		Mr TRain	sunch M.	DIE	70		rance and entire				
		20 Nome and address	900	death iii			41723	M	arch 3	50, T	79/
		30. Neme end address of poson w					-				
		M. Christados 31. Dete filed (Month, Dey, Year)	s Kajasingh	M.D.	403 N	arvel (Ct. Easton	Maryla	nd 216	501	
St Regist	ate	APR - 2	1997	rer's Signatur	son-Re	md no					
negis	uai	MEN = 6	1331	2 2 10,000 6 900	200 0-1 Ca	Tueco					



State of Maryland / Department of Health and Mental Hygiene 11206 Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Larrie Leather bury
4a. Facility Nama (If not institution, giva street and number) Month 18 06:30 PM March /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTO. BAL TO. granada Nursing Home 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month Day, Year) Birthplaca (State or Foreign Country) SNOWHILL _eFuneral Days Months Hours 1□ M 2□ F 213-16-8327 Yrs Director Usual Rasidance of Decedant Pages 1 end 2 should be filed within 72 hours after death with the Maryland nent of Heelth and Mental Hygiene. net of Heelth and Mental Hygiene. nt: If Item 27 ie marked other than "natural", or Items 23a or 28a-f ahow 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Macical Examiner must be notified at BALTO. MD. Director 1 X Yas 2 No BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 21228 5916 LEEWOOD AVENUE Completed by Funeral USA 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: 3 Widowed 4 □ Divorced BLACK 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) DOMESTIC HOUSEKEEPER 7th 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) CLARS ADKINS GEORGE DeShields 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Department of Heelth ar Important: If Item 27 is any injury or other trau ESTELLA BACON/DAUGHTER ADDRESS SAME AS ABOVE 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State MOUNT CALVARY UM CHURCH C. 3-22 FRUITLAND, MD. 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama and Addrass of Facility JOLLEY MEMORIAL CHAPEL 21. Signature of Funeral Service Licenses 1213 JERSEY ROAD; SALISBURY, MD. 21801 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwaan Onsat and Death **Physician** a. Malignant Cardiac arrythmia

Dua to (or as a consequence of):

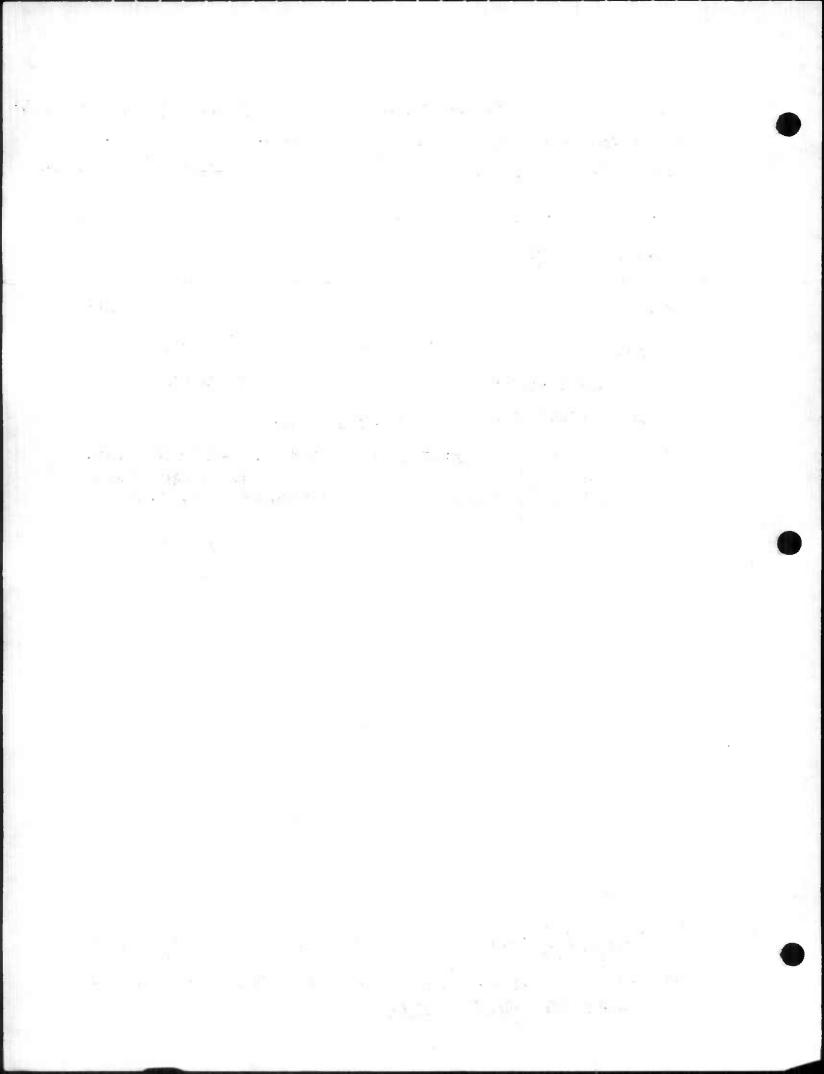
Beart disease

Dua to (or as a consequence of): /Medical Immediate Causa (Final disaasa or condition resulting in death) Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Mon insulin dependent

Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ate has been signed by the a pege 2 should be detached t 23b. Did tobacco usa contributa to the cause of death? Peripheral vascular disease 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? Alzheimer's disease After this certificate has been 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To the Hospital or Attending Physi-within 24 hours after death. To the Funeral Director: After this c completely filled in by the funeral dir 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Daath Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homleide Cartifying Phyaician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29b. Signatura and titla of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Nama and address of person w/o completed cause of death (Item 23a) (Type, Print) 4660 Wilkens Ave 21229 Moges Maryaus 32 Registrar's Signature 31. Data filed (Mont State

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

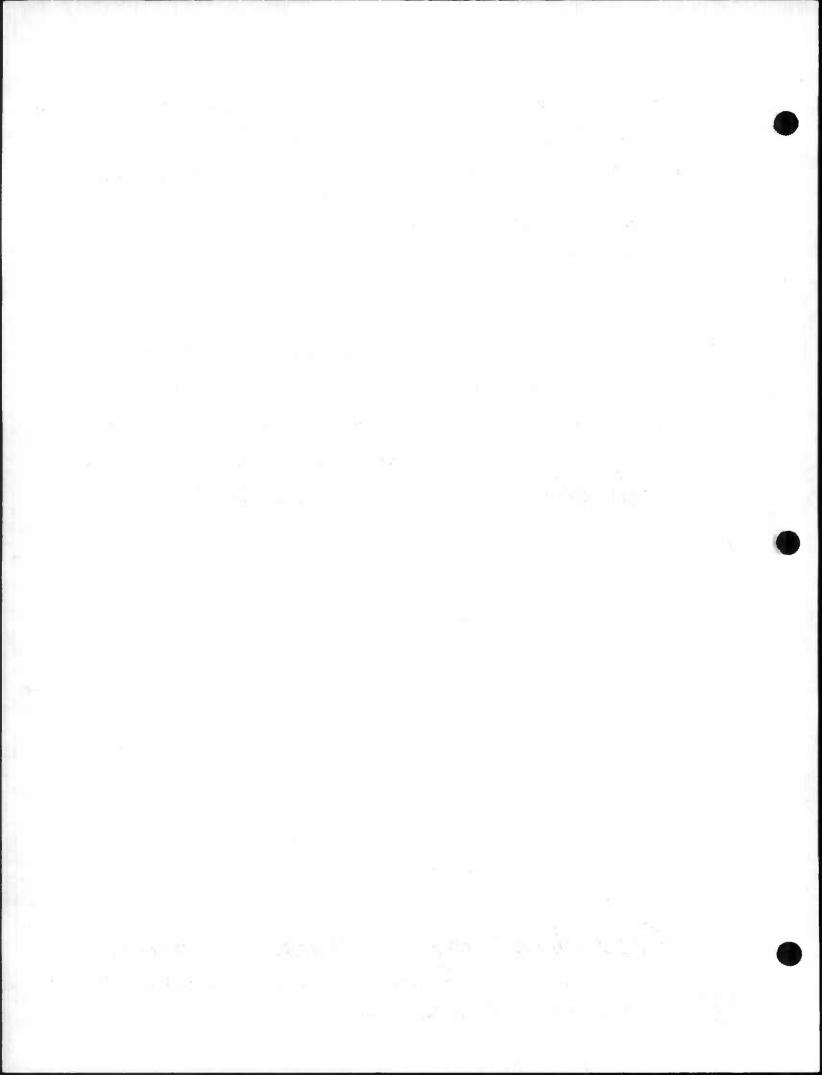
Certificate of Death

Reg No.

						Oei	lilicate Of	Dealli		Reg. No.		
Physic /Med			ma (First, Middle, L 4 U D L	AFLAM	E				2. Deta of D Month MARCH	Day	1997	3. Tima of Deeth
Exam Funera Directo	iner I			1th Serv	12.11	lest birthdey) Yrs.	If Under 1 Yee Months Days	Silver	r Spring Irs. 8. Data of B (Month, D	irth Pey, Year)	ntgom 9. Birthp	ery Diece (State or Foreign hton. N.Y.
P .		Usuel Residence			10.00							
a-f show	ctor	MD MD	Prince	George's	10c. City	Laure					1	1 ☐ Yes 2 ☒ No
h with th	ai Dire	10e. Street and No.	_{umber} Roblynn C	Court			10f. Zip Code 207	07		10g. Citizen of		ntry?
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: If them 27 is marked other than "naturel", or thems 23a or 28a-f show any injury or other traumatic event, the Medical Examiner mark be noticed at mone.	by Funeral Director		rried 2 Married	12. Was Deced Armed Forc 1 Yes 2 If Yas, Give Yaar or Det	as? :)(No		Wes Decedent of f Yas, specify Cu 1 ☐ Yes 2 ☑ No		(Specify Yas or N arto Rican, atc.)	o- 14. Ra Ble Specifi	ce - Americ ock, White, fy: White	etc.
2 hou	Pe		15. Decedent's E	Educetion		18a. Deced	dant's Usual Occi	upation		16b. Kind of B	Jusiness/In-	dustry
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nd 2 should batth and Ments 27 is marked r traumetic e	-		Neme/Reletionship				-		- Laurel		, State, Zip	Code)
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permit. F Departme importan any injur			Superal Service Lice		les Sik	22	Nama and Add	ress of Facility	Chapel St Dov		1990	
Physician /Medical Examiner physician and use as the prival-transit		tmmediate Cause disease or condition resulting in deethy sequentially list of feny, leeding to include the cause. Enter Und Cause (Disease other intelled even resulting in death)	onditions, immediate larlying or injury	e	Due to (or	r es a conseq r es a conseq r as a conseq	uence ot):	·				
ires that the death c signed by the attend d be deteched for us	Physician	Pert ti. Other sign	ificant conditions	contributing to deat	th but not resu	ulting In tha u	ndarlying cause g	iven In Pert I.		tobacco use co	ontribute to	o the cause of death?
aw requisite been 2 should	Completed by				PRINTED A.				per	s en autopsy formed?	ev co of	are autopsy findings aliable prior to impletion of cause deeth?
		25. Wes cese refe	arred to medical					26 Place of F		Yes 2 No	1[☐ Yas 2☐ No
ysicie s cert direct	To Be	examiner?		Hospitel:	patient 2	ER/Outpatien	t 3 DOA	. 4	Deeth <i>(Check only</i> g Homa 5 ☐ Rea		har (Specif	h)
ng Ph fter th inerei	Certification: 7	27. Manner of Dee 1 Netural 2 Accident 3 Suicide 4 Homicide	5 Pending Investigette 6 Could not	28e. Dete of (Month,	tnjury Dey Year)	28b. Time of Injury	28c. Inj	ury et ork? ☐ Yas 2 ☐ No	28d. Describe	how Injury occu	rred	al Route Number,
To the Hospital or Attendi Within 24 hours after death. To the Funeral Director: A completely filled in by the t	edicai Cer	29e. Certifier (Check only	12 Certifying P	hysician: To the be	est of my know	wiedge, deeth	occurred et the	time, dete end ple	ece, and due to the	e ceuse(s) and m	enner as s	tated.
To the ? Within 2. To the ? complet	Med	29b. Signature en		end manna	r stated.		29c. Licer	se number		29d Data slone	ed (Month	Dev Year)
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St Regist	ate rar	31. Dete filed (Mo	nth, Dey, Year)		Istrar's Signal		dell-					

State of Maryland / Department of Health and Mental Hygiene 97 | | | 208

						Ce	rtificat	e of	Death			Reg. No.	•		_ 0 0
Phys		1. Decedent's Neme (First, Joyce L. I									2. Date of De Month April	ath Day	Yeer		Time of Death
	dical	4e. Facility Name (If not Ins	titution ai	ve street end nu	mher)				4b City To	own or L	APTII		997 Junty of Deal		:45 PM
Exan	niner	707 Petersbu			moor)										
-		5. Social Security Number		Sex :	7. Age (In yrs.	last highday	if Under	1 Year		LUSOI 24 Hrs.	ville		ne Aru		
Funer		173-03-2164 Usual Residence of Decade	I	10 M 25 F	90	Yrs.	Months	Days		Min.	8. Date of Bir (Month, De Oct. 3	y, Year) L,1906	Pen	nplace (nuntry) nsy1	State or Foreigr
bue **		10a. Stete 10b. C			10c. City	v. Town or Lo	ocation							10d In	side City Limits
dary	5	Manufand A	A	1 . 1		D . 1	-Herri							1	Yes 2□No
the 1	2	Maryland Ar	пе А	rundel		David	SONVI.					10a Citiza	n of What Co		
With S	급	707 Petersh	1170	Dood								Tog. Citize		ountry r	
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Herr Per	S	11. Marital Stetus 1 ☐ Never Married 2 ☐	Mowlad	Armed Fo	rces?	5. 13.	If Yes, spec	ify Cub	an, Mexica	n, Puerto	ecify Yes or No Rican, etc.)	- 14.	Race - Ame Bieck, Whit		ilen,
filed within 72 hours efter death with the Maryland bygiene. ther than "naturel", or Items 23a or 28a4 show int, the Medical Examine Fruit be roll? ed.	by Funeral Director	3 M Widowed 4 □ Div		1 ☐ Yes If Yes, Gir Year or D	/8		1□ Yes 2	2 X No	Specify			Sį	pecify:	White	0
s 1 end 2 should be filed within 72 hc f Health end Mentel Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	Completed	15. De	cedent's E	ducation ede completed)		16a. Dece	dent's Usua kind of wor	I Occup	pation	et of work	Ina	16b. Kind	of Business		
ithin	할	Elementary/Secondery (0		College (1-4or 5+)	life.	DO NOT us	se retire	dorling mos	St OF WORK	ing				
filed with Hygiene. ther than	်	5th					Rece	epti	onist			Ft. M	lyer Co	ommi	ssary
should be filed within and Mentel Hygiene. merked other than matic event, tre M	Be	17. Father's Neme (First, M		*					18. Moth		e (First, Middle,				
2 should be f end Mentel I is marked of aumatic eve	9		Oren	Moss Ku	igler					R	etta Ir	ene G	eorge		
2 sho end ls me		19e, Informant's Name/Rei	ationship	(Type, Print)		19b. Maili	ng Address	(Street	end Numb	er or Rur	al Route Numb	er, City or T	own, Stete, 2	Zip Code)
of Health Hem 27 I		Ramona J. Fu	sco/	Daughte	er	707	Peters	sbur	g Rd.	Dav	idsonvi	11e.	Md. 23	1035	
		20a. Method of Disposition		-	20b. P	ieca of Dispo	sition (Nen	ne of	ce)		Dete		tion - City or		tate
0		1 Buriel 2 □ Crema 4 □ Donation 5 □ Ott	ation 3 L ner (Speci	JRemoval from (fy)	State	dar H				415	-97	Suit1	and, N	Mary.	land
permit. Pege Depertment of Important: If any Injury or		21. Signature of Funeral Se	Rivige Lige	nsee		22	2. Name en	d Addre	ess of Facil	tv			dild, i	Idi y .	Lanu
P P P	Suc	> Illertil	Blin.								eral Ho				
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Physicia		shock, or heart feilure	List only	one cause on e	ach line.			· · · · · · ·			or roop natory o			Inten	vel Between
/Medica		tmmediate Ceuse (Final		0		1-11	l	A			,			•	
Examine	r	disease or condition resulting in death)		a. Ce	relition Due to (or	elV	ascu	las	acc	eden	<u>t</u>			un	ined
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petr	Examiner			b		rios		2L	0				i	4	ED
n end	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury			Due to (or	as a consec	uence of):								
icete be executed physician end s the buriel-transit		Cause (Disease or Injury thet initiated events	~	C	My	pute	usen	-							
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eath certific ettending p	2		-	d											
requires that the death certificate be executed even signed by the ettending physician and hould be detached for use as the bunel-transit	Physician	Part II Other elemiticant co	ndHone	ontribution to de	anth but not you	data — ta aba —	and the same				one pid			4. 41	
the carbon ache	hys	Part II. Other significant co	nomons (contributing to de	ath but not resu	iting in the u	nderlying ca	ause gn	en in Pen	ί.					ause of death?
thet hed to deti	by P										10	Yes 2	No 3 P	ODBDIY	4 Unknow
v requires to been signe should be											24a. Wes	en autopsy	24b.	Were au	topsy findings
2 27 60	ete											rmed?		evaiiable completion	prior to on of cause
hes ye 2	Completed													of deeth?	
: The icate he											10	res 3(3)	No	1 🗆 Yes	2 No
Physicien: The this certificate ral director, per	Be	25. Was case referred to mexeminer?	edical	Hospital:			-	011			h (Check only o				
Phys this ral dir	7	1 ☐ Yes 2 ☑ No		101		ER/Outpatier	-	A		-	me 5 Presid			cify)	
	ertification:		ending		h, Day Year)	28b. Time of Injury		Bc. Injui			28d. Describe I	now Injury o	ccurred		
Attending or death. actor: After by the fune	cat	Z L ACCIDON	vestigatio ould not b				М		Yes 2□						
or At efter Direct in by	ŧ		etermined	286. Placa	of Injury - At hor ng, etc. (Specify	me, farm, str)	eet, factory,	, offica			28f. Location (5 City or Tox	Street and N vn, Stete)	lumber or Ru	ırai Rout	e Number,
ral Delli	O	77.77													
To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	edicai	29a. Certifier 1/2	tifying Ph Itcat Exar	nysictan: To the niner: On the ba and menr	isis of examinati	vledge, deeth on and/or inv	occurred e estigation,	in my o	ne, dete en pinlon, des	d place, th occurr	and due to the e	cause(s) an date and pla	d menner es ace, and due	stated. to the c	ause(s)
within To th	×	29b. Separture and title of co	ertifies /				29c.	Licens	e number			29d. Dete s	igned (Monti	n, Dey, Y	'ear)
		N 0 2/1	111	NERI	mn)		De	3/03	0		30	R197	1	
		30. Neme and address of pe	rson who	completed cour	e of death (Item	23a) (Tuno			7,05			2 4	1001	*	
								37	Suit	0 11	2, Anna	nolic	Md	21/10	1_7015
- 6	tate	William H. (egistrar's Signati	ure		y . ,	bult	e 11	, Allia	POTTS	, I'IU .	2140	,1-/013
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State of Maryland / Department of Health and Mental Hygiene 9 7

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	_				C	епіпса	te or	Death		Reg. N	lo.		
Physici		Decedant's Nama (First, Middle MARY EMILY MATT							2. Data of Month MARC		ay 190	Yaar	3. Tima of Daath 2354
/Medic		4a. Facility Nama (If not institution	, giva street and ne	umber)			-	4b. City, Town,	or Location of D			of Death	2334
		4364 SNOW HILL	ROAD				S	ALISBUR	Y	1	VICON	1ICO	
Funeral		5. Social Security Number	6. Sax	7. Aga (In	yrs. last birthda	y) If Unda Months	r 1 Yaar Days	If Undar 24 H	Irs. 8. Data of	Dieth			ca (Stata or Foraig
irector		219-14-4496	1□M 2ŽF		96 Yrs.	INOLIGIE	Days	110013	in. (Month, OCT.	22,1	900	MARYI	ZAND
¥		Usuai Rasidance of Decedant 10a. Stata 10b. County		10	c. City, Town or	Location						100	d. Insida City Limit
"naturel", or Items 23s or 28s-f show sitical Examiner must be notified at	ō	MARYLAND WICOMI	CO		SALIS							100	1 ☐ Yas 2Ã N
28a	e c	10e. Street and Number	00		SALIS		p Coda			10a C	itizan of	What Country	v?
4	ō	4364 SNOW HILL	ROAD				218	04				ISA	
25	Funeral Director	11. Marital Status	12. Was Dad	edant Evar	In U,S. 1:	3. Was Deci			(Specify Yas or arto Rican, atc.)	No-	14. Rac	e - Amaricar	
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2	1 by	3 X Widowed 4 □ Divorced	If Yas, G Yaar or I	Datas:		TLI Yas	ZIZINO	<i>Specify:</i>			Specif	WHI:	re
the Medical	Completed	15. Dacedant (Specify only highas	s Education t grada complated,)	(Gi	edant's Usi va kind of w	ork dona	during most of v	vorking	16b.	Kind of B	usinass/Indu	stry
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traumatic	2	19a. informant's Name/Ralations	lp (Typa, Print)		19b. Ms	iling Addras	s (Streat		Rural Routa Nu		or Town	Stata. Zin C	ode)
		EMMA PERDUE/DAU							SALISB				
eny injury or other tri		20a. Mathod of Disposition		2	0b. Place of Dis				Date			City or Town	
רץ סר		1 Burial 2 Cramation 4 Donation 5 Other (Sp.		Stata	WICOMIC				4/3	SAI	ISBU	IRY. MA	ARYLAND
/ Inju		21. Signature of Funeral Servige)	Sognsag ()	111		22. Nama a	nd Addra	ss of Facility	ME, 121				
ony is		Lemand	1)21	W.	6	o V ՀեՐՐԲԱ	ROY	EKAL HU	ALISBUR	Z OLI	DVI A	AN CI	LY ROAD
		23a: Part1 Enter the disease, or shoot, or heart failure. List	omplications that	caused tha							MILE		oproximata
ian		shops, or heart failure. List i	thy one cause on	aach iina.									ntarval Between Onsat and Death
cai		immediate Causa (Final disaese or condition	D	Ene		B							1 YR
ner		rasulting in deeth)	6		to (or as a cons):						
	Examiner		b									i	
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		if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C										
S THE	edicai	rasulting in death) Last		Dua	to (or as a cons	equance of)							
usa as tha burial-transit	M		d										
d for	icia	Part II. Other significant condition	e contributing to d	leath but no	t resulting In the	undarhino	causa niv	en in Part I	23h F	ld tobacc	0 1180 00	entribute to t	he cause of death
datached for	Physicial	Tarris organizati oongala	is continuously to d	IOLEN DOCTIO	t tasoning in the	oridariying	causa giv	on mit ait.		☐ Yes			bly 4 Unknow
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N	Completed								_				plation of causa
page	E								1	☐ Yas	2 E No	10	Yas 2□ No
director, pag	Be	25. Was casa rafarred to medical axeminar?						26. Piace of D	Death (Check or	ly one)		1	
e dire	2	1 Yas 2 No	Hospital: 1	Inpatiant	2□ ER/Outpat	ent 3 D	OA Oth	ar: 4□ Nursing	Homa 5 12 R	asidance	6 □Oth	nar (Specify)	
nera		27. Mennar of Death 1 25 Natural 5 □ Panding	28e. Deta (Mor	of injury oth, Day Yea	28b. Tima injury		28c. Injun Worl	y at k?	28d. Dascri	be how inj	ury occur	red	
the fune	cati	2 ☐ Accidant invastig	ation			М	10	Yas 2 □ No					
	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide datarmi	nad Zoa. Placi	e of injury - ling, atc. <i>(S</i>	At homa, farm, pecify)	straat, facto	y, office			n (Street a Town, Sta		per or Rural F	Routa Number,
B													
letaly filled in t	edicai	29a. Cartifiar 12 Certifying (Check only one)	Physician: To the xaminer: On the b	esis of axa	knowledga, da mination and/or	ath occurred Invastigetion	at tha tin n, in my o	na, data and pla pinion, daath oc	ca, and dua to t curred at tha tin	ha causa(na, data a	s) and mand place,	annar as stat and due to th	ed. na cause(s)
completaly filled in by	Mec	29b. Signatura and titia of certifier	and mar	nnar stated.		29	c. Licans	a number		29d. D	ata signe	d (Month, Da	ıy, Year)
8		2 1 2						1916 8			1,19		,,
	-	20 Name and distribution	ha ann shirt a s		(lane 22-1 7	D2-0		•		4	11/4	/	-
	30. Nama and addrass of person who completed cause of death (itam 23a) (Ty Robert B. Allen, M.D. 560 Riversid						e. S	alishur	v. Marv	land			
Sta	te	31. Data filad (Month, Day, Year)					-, 00		,, mary.	Dirac			
ota egistra	-		3 1997	Astri al	awayer R	rotally.							
Ĭ		77.177	- 6										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Moore sr. MARCH D. 20 4b. City, Town, or Location of Death If Undar 24 Hrs. Hours Min. M Campi royal Hospital 6. Sex 1 № M 2 ☐ F If Undar 1 Yaar 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign Months Days 58 Yes 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Dorchester Cambridge 10f. Zip Coda 10g. Citizan of Whet Country? 21613 U.S.A. 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Giva Yeer or Dates: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ No Specify: Specify: White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa retired) 16b. Kind of Businass/Industry College (1-4or 5+) Landscaping

Physician /Medical 4a. Facility Nama (If not institution, give street and number) Examiner Drahese 5. Social Sacurity Number **Funeral** 215-36-0828 Director Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiana. Il important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Examinat parchitism and social. 10a. Stata Director Maryland 10e. Street and Number 2906 Oak Hill Road Funeral 1 Never Married 2 M Married Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondery (0-12) President/Owner 12 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Gordy C. Moore Ruby Smith 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Barbara Fitzhugh Moore-wife 2906 Oak Hill Rd., Cambridge, MD 21613 20a. Mathod of Disposition 20b. Pleca of Disposition (Name of cematary, cramatory or other plece) Data 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 3-29-97 4 ☐ Donation 5 ☐ Othar (Specify) Dorchester Mem Pk 22. Name end Address of Fecility 21. Signature of Funeral Service Licenses Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD Enter the disease or compli **Physician** /Medical immediate Causa (Final disaasa or condition rasulting in daath) Examiner Examiner The law requires that tha death certificata be axecuted physician and s the burial-trans Division of Vital Records, P.O. Box 68760,

Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last Physician/Medical

mattern that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrest, a cause on each line.	Approximata Interval Between Onset end Death
ARTERIOSCIEROTIC CARDIOVASCILAR DISEASE	SCUERAL
Dua to (or as a consequence of):	
	YEARS
Dua to (or as e consequance of):	
Due to (or es e consequanca of):	
tributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute	to the cause of death

Part II. Other significant conditions of	ontributing to death but not ras	suiting in the underlyin	g cause given in Pert i.	23b. Did tobacco use co	ntribute to the cause of death?			
				24a. Wes an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of deeth? 1 Yas 2 No			
25. Was case referred to medical axaminar?			26. Place of De	ath (Check only one)				
1 ☐ Yas 2 ☐ Vio	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	DOA Othar: 4 Nursing	Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specific				
27. Manner of Death 1 Natural 5 Panding 2 Accident investigation		28b. Time of Injury M	28c. Injury at Work?	28d. Dascribe how injury occur	red			
3 Sulcida 6 Could not be datermined	28a. Piace of Injury - At h building, atc. (Special	oma, farm, straat, fac	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)					
29a. Certifiar (Check only one) 1 Certifying Ph 2 Medical Exam	yeiclan: To the best of my knowniner: On the basis of examine and mennar stated.	owiedga, daath occurretion end/or Invastigat	ed at tha tima, dete and plection, in my opinion, daath occ	a, and due to the ceuse(s) end mourred at tha tima, data and place,	enner as steted. and dua to the cause(s)			

Augra

This Davideor Randall

32. Registrar's Signatura

State Registrar

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signed by the aid to detached for

peeu has cartificata

funaral director.

Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this carificial

To the Hospital or Atta within 24 hours aftar de To the Funeral Directo complataly filled in by th

à

Completed

Be

Certification: To

cal

29b. Signatura end titla of certifier

31. Data filed (Month, Day, Year)

m. Shariff

DHMH 16 Rev 6/95

30. Name end eddrass of person who complated causa of death (Item 23e) (Type, Print)

29c. License number

29d. Dete signed (Month, Dey, Year)

20c. Location - City or Town, Stata

Cambridge, MD

15 165

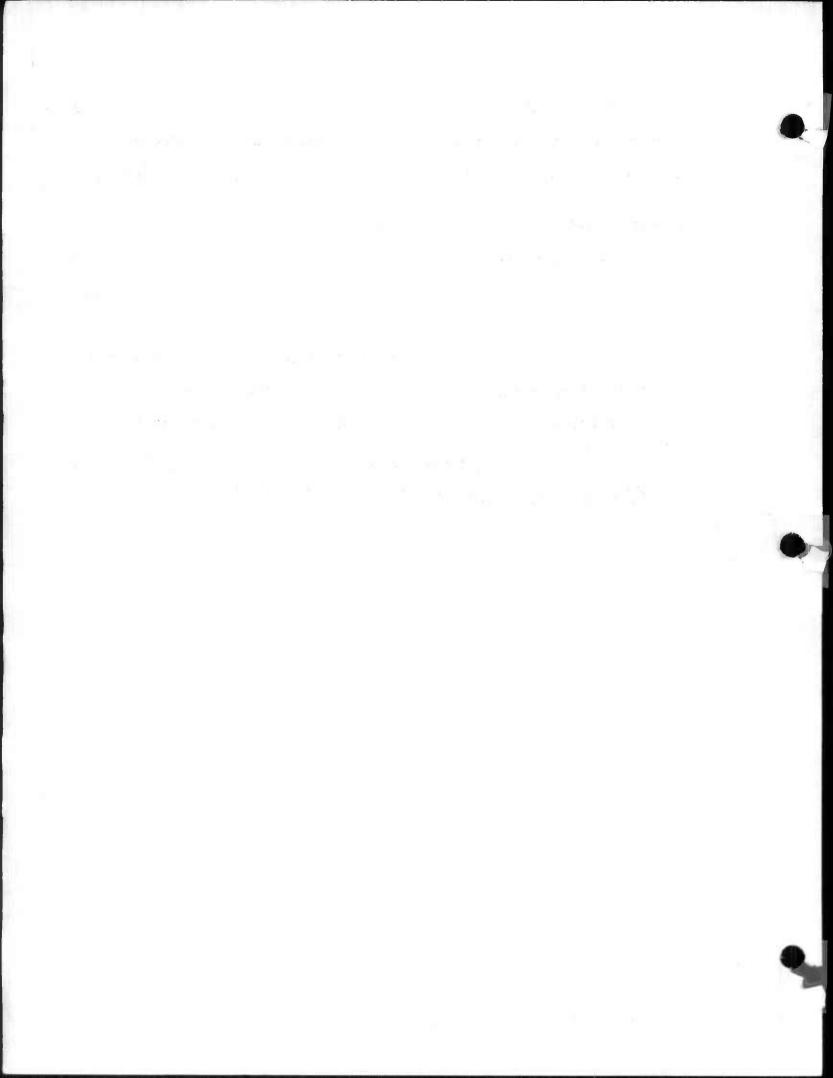
State of Maryland / Department of Health and Mental Hygiene

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2 1		F	Con	J

						Cer	tificate of	Death		Reg. No.	21		1611
	Divisit		1. Decedent's Neme (First, Middle,	Last)					2. Dete of Dec	eth	Von	3. Ti	me of Deeth
	Physic /Medi		WALTER GLE	ENNVILLE N	INNICK				MARCH	28, 199	Year 7	4:5	5 P.M.
	Exami		4e. Fecility Neme (If not institution,		-			4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth		
			FROSTBURG VILLAC	E NURSING	G HOME			FROSTBUI		ALLEG	ANY		
	Funeral Director		216 09 4420	Sex 7	7. Age (In yrs. I 82	est birthday) Yrs.	If Under 1 Year Months Deys		8. Dete of Birt (Month, De) SEPT 29	y, Year)	9. Birth Cou MARY		tete or Foreign
	pu *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City	, Town or Loc	cation					10d Ine	ide City Limits
the Marylar 28a-f show		ō											Yes 2 No
	the M	Director	MARYLAND ALLEGA 10e. Street end Number	ANY	F	'ROSTBU	10f. Zip Code			10g. Citizen of	Whet Cou	intry?	
	3a or		100 но	NEYSUCKLE	LANE			21532			s.		
	death	Funeral	11. Merital Status	12. Wes Deced	lent Ever In U.S	S. 13. V		Hispanic Origin? (S pen, Mexican, Puert	pecify Yes or No-		e - Ameri		en,
21215-0020	72 hours effer death with the Maryland natural, or items 23s or 28s-f show dies Example must be notified at	by	1 Never Married 2 Merrie 3 Widowed 4 Divorced	Armed Ford 1 Yes 2 If Yes, Give Year or Dat	No NX		Yes, specify Cut ☐ Yes 2 No		o Hican, etc.)	Specif.		WHITE	
9-0	2 ho	ted	15. Decedent's	Education		16e. Deced	ent's Usuel Occu	pation		16b. Kind of B	usiness/in	ndustry	
21	within 7 ene. than "n	Completed	(Specify only highest Elemantery/Secondary (0-12)	gre <i>ae completea)</i> Collega (1-4	4or 5+)	life. D	OO NOT use retire	during most of wor	king				
21	filed will Hygien ther the	Con	12		PROPERTY INSPECTOR						LIST	ICS	
pu	be filed tal Hyg d other event,	Be	17. Fether's Neme (First, Middle, La					18. Mother's Nan	ne (First, Middle,	Melden Sumer	ne)		
Z	should bod Menta	으	JAMES EDWAI		K	and boronii			NNIE BLO				
Maryland	d 2 should th and Mer 7 Is merke traumatic	P	19a. Informent's Neme/Reletionshi					t end Number or Ru					
			ANNA L. MINNICK, 20e. Method of Disposition	WIFE	20h Di		IONEYSUCE sition (Name of	KLE LANE,					
ō	00-7		1 Burial 2 □ Cremetion 3			emetery, crem	netory or other ple	ace)	Dete	20c. Location	- City or 1	own, Ste	910
Baltimore,	t. Partmer		4 □ Donetion 5 □ Other (Spe		FRO			AL PARK 4	/1/97	FROSTBU	RG,	MD 2	21532
Ba	permit. Pag Department Important: I eny Injury o		22. Name end Address of Fecility SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532										
			23e. Pert1. Enter the disease, or co shock, or haart faiture. List or	omplications that cau	used the deeth	. Do not ente	or the mode of dy	ing, such es cardiec	or respiretory er	rest,	1	Interve	ximata el Between
	Physician /Medical		Immediate Course (Final									Onset	and Death
1	Examiner		Immediate Cause (Finel disease or condition rasulting In deeth)	θ		o sv's						20	eays
		-	2.000			as a consequ		'			ļ	7 1	, .
	petr	Examiner		b	ur	inary	(rait f	rfeitin			i	100	77
-	death certificate be executed e attending physician and of for use as the bunal-transit	Еха	Sequentielly list conditions, Due to (or es a consequence of): if eny, leading to immediate cause. Enter Underlying							t 1			
68760,	cate be ex physician s the buna									- 1			
68	tificate ig physias the	- B	resulting In deeth) Lest		Due to (or	es e consequ	Jence 01);						
Box	attendin	2	•	d									
	death e atte	icia	Pert II. Other significant conditions	contributing to dea	th but not resu	Iting In the un	deriving cause d	iven in Pert I	23h. Dld t	obacco use co	intribute t	to the cu	use of death?
P.0	uires thet the dean signed by the a	Physician/Medical								Yes 2 No			
	gned be de	by F	0190		W 8	Justin	"						/
Records,	v requires thet the been signed by th should be detache	be	Mod	mind meral	Autic	Ane	my			an eutopsy	24b. W	/ara auto	opsy findings prior to
900	≥ S S ×	Completed	1,1,2				8				CC		n of cause
	The la	E C	Ge	nerd	Debi	Li ty			101	res 275No	11	□Yes	2 No
ita	icien: Th certificate rector, pag	Be	25. Wes case referred to medical examiner?					26. Place of Dee	ith (Check only o	ne)			
> 1	yslc is ce I dire	To	1 Yes 2 No	Hospitel: 1 🗆 Ing	patient 2 1	ER/Outpetient	3□ DOA	her: 4 Hursing H	ome 5 Resid	dence 8 🗆 Ott	ner (Speci	ify)	
o u	Attending Physicien: r deeth. ector: After this certific by the funeral director,	ü	27. Menner of Death 1 Neturel 5 □ Pending	28a. Dete of (Month,	Injury Dey Year)	28b. Time of injury	28c. Inju	iry et ork?	28d. Describe t	now Injury occur	red		
ois	endir seth. or: Af he fu	atic	2 ☐ Accident Investige:	ion				Yes 2 No					
Division of Vital	al or Attendi s after deeth. I Director: A od in by the f	Certification:	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homicide datarmin	208. PIECE 0	f Injury - At ho , etc. (Specily	me, farm, stre	et, fectory, office		28f, Location (S City or Tox	Street end Numi vn, State)	ber or Run	el Route	Number,
	To the Hospital or Attendil within 24 hours after deeth. To the Funeral Director: A completely filled in by the fu	edicai (29a. Cartifiar * Certifying (Check only one) * Certifying	Physician: To the be aminer: On the bas end manne	is of examineti	viedga, daath ion end/or inv	occurred at tha t astigetion, in my	ime, date end plece opinion, deeth occu	, end due to the orred et the time,	ceusa(s) and m dete end place,	annar as a and due t	stated. to the ca	use(s)
	To the	Me	29b. Signeture end title of certifier				29c. Licen	se number		29d. Dete signe	ed (Month,	Dey, Y	ear)
	/		2/2				Da	1244		4/11	57		
7	· MI	-	30. Neme end eddress of person wh	o completed cause	of death (Item	23a) (Type. F		1 2 7		, , , , ,	//		
	4245		JESUS H. TAN, M.D. FROSTBURG PLAZA, FROSTBURG, MD 21532										

DHMH 16 Rav 6/95

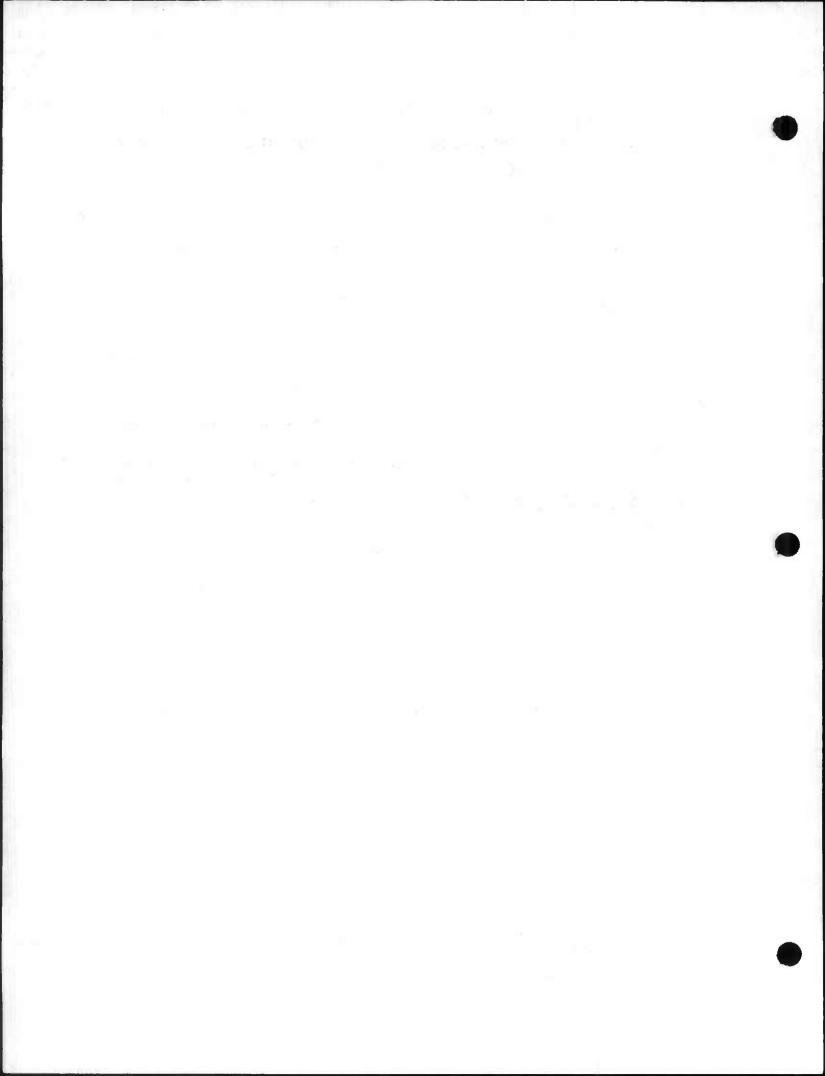
State Registrar 31. Dete flied (Month, Dey, Year) APR 0 2 1997



State of Maryland / Department of Health and Mental Hýgiene 97 | | 2 | 2

						Certificate of	of Death	12	Reg. No.			
	Physic		Decedent's Name (First, Middle, MICHAEL	Last) ANTHON	ΙΥ	MCGLINCHE	.Y	2. Date of D Month March	eath Dey	Year	3. Time of Death 11:50 AM	
4	/Medi		4e. Fecility Neme (If not institution, g	rive street and number)				or Location of Dea		y of Death	12130	
	Exami	ner	1505 S. Division	CONTRACTOR SERVICES								
					a Clarina Inchibi	rthday) If Under 1 Ye	Salish			mico		
	Funeral			. Sex 7. Agr	e (In yrs. last bi	Yrs. Months De		lin. (Month, D			plece (Stete or Foreign	
	Director		222-30-2638		52	113.		December	er 28,1944	Was	shington	
	s 2		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	m or Looption					Od India Ohaliah	
	sho	<u>_</u>								,	Od. Inside City Limits	
	W T	cto	Maryland Wicomi	co	Sali	sbury					1 ☐ Yes 2√☐ No	
	within 72 hours after deeth with the Merylend liene. Than "naturel", or fleme 23a or 28e-f show than Modical Examiner mast be notified at	Director	10e. Street and Number			10f. Zip Cod	Э		10g. Citizen of	What Cour	itry?	
			1505 S. Divisi	on St.		21	804		USA			
	eep de	Funeral	11. Marital Status	12. Wes Decedent I Armed Forces?	Ever in U,S.	13. Was Decedent of If Yes, specify C	Hispenic Origin	(Specify Yes or N	o- 14. Ra	ce - Americ		
0	y the		1 ☐ Never Married 2⊠ Merried	1 1 ▼ Yes 2 □ N	lo			ieno rican, etc.)		ck, White,	etc.	
21215-0020	urs urs	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	Army	1 ☐ Yes 2 🙀 N	to Specify:		Specif	y: W	hite	
9	2 ho	Completed	15. Decedent's	Education	16a	. Decedent's Usual Oc	cupation	vortuger o	16b. Kind of B	usiness/in	dustry	
2	n n	ple	(Specify only highest (Elamantary/Secondary (0-12)		()	(Give kind of work do life. DO NOT usa rel	ne during most of ired)	working				
2	filed within Hygiene. ther than "	E	12	College (1-4or 5	+)	Teacher/c	oach		Educ	ation	1	
D	be filed value Hygie d other is		17. Father's Name (First, Middle, La	st)		1000110270		Name (First, Middle	e, Maiden Surnar	ne)		
a	D = 0 0	Be C	Joseph A. McGl:	inchev			Emil	v N				
2	2 should be and Menta is marked reumatic ev	2	19a. Informant's Name/Relationship		101	o. Mailing Address (Stre	Emil	-		Otata Wa	Code	
Maryland	d 2 should th and Men 7 is marke treumatic		Marylane McGli	. ,,	1	-						
	permit. Pages 1 end 2 Department of Heelth of Important: If Item 27 is any injury or other tre once.		Contract Contract	Telley/wile		505 S. Div	ISION St					
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m	Depariment on the part of the		WILL .	OLI OU-	20		ay Funer					
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			shock, or heart failure. List on	ly one cause on each lin	10.	ornar ana mode or t	aying, such as can	und of respiratory	arraot,		Interval Between Onset and Death	
	Physician /Medicai		Immediete Cause (Final				- ·				orrade arra arbatir	
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	ertificate be executed ling physician and e es the buriel-transit	carr	Sequentially list conditions. Due to (or as a consequence of):									
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	that deta							1	Yes 2 No	3 Prot	bebly 4 Unknown	
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2	ied is a											
	To the Hespital or Attanding Physician: within 24 hours after deals. Its certific completely filled in by the funeral director.	edicai	29a. Certifier (Check only one) Certifying F	Physician: To the best of aminer: On the basis of end manner sta	examination an	e, death occurred at the dor investigation, in m	time, date and pi y opinion, daath o	ece, and due to the courred at tha tima	cause(s) end m , data and place,	anner as st and due to	ated. the cause(s)	
	o the order	₩ W	29b. Signature end title of certifier			29c. Lice	ense number		29d. Date signe	d (Month.	Day, Year)	
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Physici						C	ertificate of	Death		Reg	g. No.		
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/Media		ward		NN		NII			n	meh	29	1997	4:50
Examir	ner	4a. Facility Name (If not instituti							wn, or Location	of Deeth	4c. County		
		SHADY GROVE 5. Social Sacurity Number	6. Sax		HOSPI . Age (In yrs		If Undar 1 Year		VILLE	e of Dieth	MONTG		
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in 72 hours "natural", legical Exp	Completed	15. Deceda (Specify only high				16a. De	cedant's Usuel Occup	oetion	of working	16	6b. Kind of Bu	usiness/Ind	ustry
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State of Maryland / Department of Health and Mental Hygiene

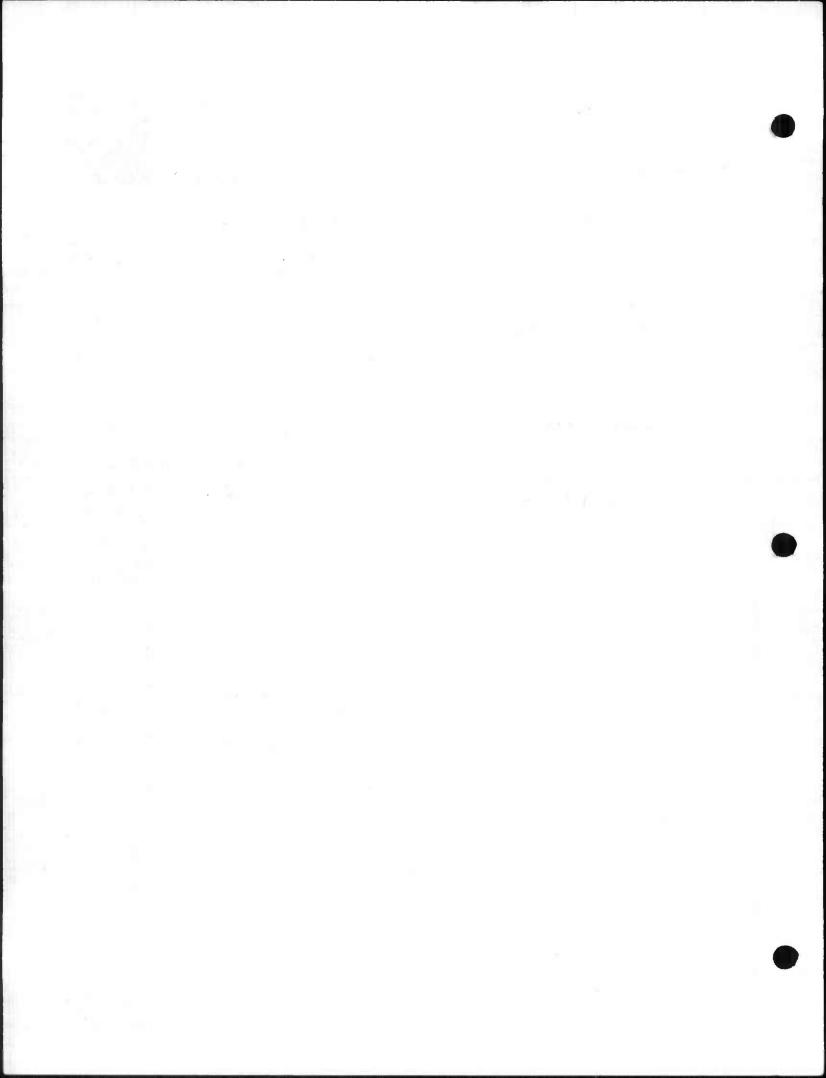
						Certificate of		R	leg. No.	1 1161	4		
Н	Physic	lan	Decedent's Name (First, Middle, L.	ast)				2. Dete of Dear Month	Dev	3. Time of Death	h		
Ų,	/Medi		Josephine	F.	Mil	ler		March	29 19	97 8:30 P	M		
*	Exami		4a. Fecility Name (If not Institution, g	ve street and number)			4b. City, Town, or Lo	cation of Death	4c. County o	Death			
100			Genesis Elder	Care - The	Pines	S	Eas	ton		Talbot			
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	Director		213-60-9346 Usuel Residence of Decedent	1□ M 2\(\frac{1}{X}\)F 9	2	Yrs.	170010	DEC.2,		VIRGINIA			
	lend wo		10a. State 10b. County	10	c. City, Towr	or Location				10d. Inside City Lim	nits		
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21215-0020 d within 72 hours effer death with the Menyland plens. r than "natural", or flems 23s or 28s-f show	the 28s	Director	10e. Street and Number			10f. Zip Code		1	log. Citizen of Wi				
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	alf, or ite	þ	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Yeer or Detes:	1 ☐ Yes 2 1 No If Yes, Give 1 ☐ Yes 2 No Specify:				Specify:	, White, etc. WHITE			
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ore	permit. Peges 1 end 2 Department of Heelth 6 Important: If Item 27 Is any injury or other tra once.		20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3	TRamaval from State	20b. Plece of cemeter	Disposition (Neme of y, cremetory or other ple PEAKE CREM	ice)	Dete	20c. Location - C	ity or Town, Stete			
Baltimore,	Peg nent ant: I		4 Donetion 5 Other (Spec	-37/				4-1	CHESTER	MD			
<u>a</u>	permit. Depenti		21. Signeture of Funerai Service Lice			22. Nambland Addre	ess of Facility						
	89 E E 9		Mr. News	BUN TH CF						FUNERAL HO	MC		
			23a. Pert1. Enter the disease, or conshock, or heert feilure. List only	picetions that caused the	deeth. Do n	ot enter the mode of dyi	ng, such es cardiec	r respiratory err	ASTON,	MD 21601 Approximete Interval Between			
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ō	A P	. To	27. Manner of Deeth	1 ☐ inpatient 28a. Dete of injury	2 ☐ ER/Out 28b. T	patient 3LI DOA	419 Nursing Ho		ence 8 Other				
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Division of	il or Attending P setter death. I Director: After t d in by the funers	Certification:	4 Homicide determined	building, etc. (S	Specify)	m, street, factory, office	28t. Location (Street and Number or Rural Route Number, City or Town, Stete)						
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	To the Hospital or A within 24 hours efter To the Funeral Dire completely filled in the	edical	(Check only 2 Medical Exa	nysician: To the best of m miner: On the basis of exe end manner stated	mination end	Vor investigetion, in my	ppinion, deeth occurre	ed et the time, d	ete end piece, ar	d due to the cause(s)			
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	Sta	to	31. Dete filed (Month, Day, Year)	32. Registrer's	Signeture	1 600	pulchu	And [1]	Me Call	11/9 6/16/	_		
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			454	1991									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					Cer	tificate of	Death		Reg. No.		
Physic /Medi			vian Laure		atilda	Mit			CH23	Yaar 47	3. Time of Death p
Exami	ner	4e. Facility Nama (If not institution DorcheSter (ion, giva street and numbe General	Hosp	1+0		4b. City, Town, or Cambrid	Location of Dea	-	of Death	240.0
Funeral Director		5. Social Security Number 218 – 94 – 7848		Age (In yrs. la		If Undar 1 Yaar Months Days	If Undar 24 Hrs	8. Dete of Bi	rth ay, Year)	9. Birthpl Count	aca (Stata or Foreign
Maryland f show	or	Usual Rasidence of Decedant 10e. Siete 10b. Count M D D O r C	hester		Town or Lo		reet)Ca	mbrida	0	10	0d. Inside City Limits 1∑ Yas 2☐ No
with the Maryland a or 28a-f show be nothed	Direc	10e. Streef and Number	w			10f. Zip Coda	21613	or rug	10g. Citizan of		
Ind 21215-0020 be filed within 72 hours after death with the Menyland tal Hygiene. d other than "natural", or fiems 23s or 28s-f show event, the Medical Evantment must be notified as	by Funeral Director	411 High St 11. Maritel Sfatus 1□ Navar Married 2□ Ma 3□ Widowed 4 ☑ Divorce	12. Was Decedar Armed Force 1 ☐ Yas 2 [If Yas, Giva	Was Decedant Evar in U,S. Armed Forces? ☐ Yas 2 ☑ No			Hispanic Origin? (Spen, Maxican, Puer	Specify Yes or N to Rican, atc.)	United O- 14. Rad Bla Specifi	ce - Amarica ck, Whita, e	an Indian,
Maryland 21215-0020 d 2 should be filed within 72 hours at th and Mental Hygiene. 7 is marked other than "naturel", or reumetic event, the Medical Exam	Completed	15. Deceda (Specify only hight Elementery/Secondary (0-12) 1 0	int's Education ast grade complated)		16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) Disabled			orking	16b. Kind of B	usinass/ind	lustry
should be filed with and Mental Hygiene. marked other than matic event, the	To Be C	17. Fethar's Neme (First, Middla E a r	ly Cain, S	Sr.				ma <i>(First, Middle</i> an Deml	a, Maidan Sumar	me)	
Maryia of 2 should b th and Ment 7 is marked traumatic		19a. Informant's Name/Ralation	nship (Type, Print)		19b. Mailin	g Address (Street	and Number or R		-	, Stata, Zip	Code)
ore, of Heal of Heal fitem 2		Chantay L. 20a. Mathod of Disposition **Charrier 2 Cramation	3 □Ramovel Irom Ste	CO.	ace of Dispor metery, cram	sition (Nama of netory or othar pla	,	Data	20c. Location		wn, State
DSILLIMORE, permit. Pagas 1 ar Department of Hea important: if item 2 eny injury or other once.		4 Donetion 5 Other (3		Eas			et Cem. ess of Feculity n - Hawkin				larket,MD
_	9	23a. Part1. Entar tha disaasa, o ahock, or haart feilura. Lis	or complications that caus	ed the death.	F	ederals	bura. i	MD 2163	32		Approximata Intarval Between
Physician /Medical Examiner	liner	fmmedleta Causa (Final disaasa or condition rasulting in deeth)	a	Due to for	as a conseq	wands on:	4				3 minutes
Certificate be executed nding physician and usa as the burial-transit	VMedical Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury that initiated evants rasulting in death) Last	cC	erebro	as a consaque of the consequence	etastat.	e diseas	e			unknown
		Pert II. Other significant conditi	fons contributing to death	but not rasul	ting in the un	iderlying cause di	ven in Part I	23b. Dio	tobacco usa co	entribute to	the cause of death?
uiras that the daath signed by the atterdor to be datached for it	by Physician						voir ar r care t.		Yes 2□ No		ably 4⊠Unknown
D be led	Completed b								s an eutopsy ormed?	cor	ara autopsy lindings allable prior to appletion of causa death?
vical nec		DE Mas anno referred to medical	-1						Yas 2 No	10	Yes 2No
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or Attending Ph after death. Director: After thi	Certification:	3 ☐ Sulcida 6 ☐ Could	I not be	Day Year)	28b. Tima ol Injury	M 28c. Inju	Yas 2□No	g Homa 5 Rasidance 8 Other (Specify) 28d. Describe how injury occurred 28l. Location (Street end Number or Rural Routa Number,			l Routa Number.
Spital or hours after ineral Direction in filled in the contraction in		29a. Cartiflar 1 Certifyli	ng Physician: To the bas	atc. (Specify)	ledge, death	occurred et tha ti	ma, data and place	e, and dua to the	wn, State)	enner as st	ated.
To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A complately filled in by the it	Medical	(Check only one) 2 ☐ Medical 29b. Signeture end fitla of certific	(U. DD	steted.	on and/or inv	29c. Licans		urred at tha tima	29d. Date signe		
		30. Nama and address of person	who completed causa of	daath (Item :	23a) (Type, I		Carlos	Occ. IA	1) 21	1.12	
Sta	ite	31. Data filed (Month, Day, Year		strer's Signatu	ira D	711021	Campri	rige , vv	U al	413	



State of Maryland / Department of Health and Mental Hygiene 97 11216

					(Certificate o	f Death		Reg. No.	, ,	11610	
	Dhuais	1	Decedant's Nama (First, Middla, in the control of the control	Last)				2. Data of D	aath Day	Yaar	3. Tima of Daath	
U	Physic /Medi		Minnie Ire	ne Malone				March	29, 19		3:15 PM	
	Exami		4a. Facility Nama (If not institution, g	iva street and number)			4b. City, Town,	or Location of Daa	th 4c. County	y of Death	-151711	
			Potomac Valle				Rockvi			tgome	ry	
	Funeral Director		5. Social Security Number 6 577-40-6204 Usual Rasidance of Dacedant	Sax 1□ M 2⊠ F 7. Aga (In y	rs. last birth Yı	Months Day		Hrs. 8. Data of Bi Min. (Month, D March	nth ay, Yaar) 3, 1903	9. Birthp Coun Ma	oleca (Stata o <i>r Foreign</i> htry) .ryland	
	nand ow		10a. Stata 10b. County	10c.	City, Town	or Location				1	Od. Insida City Limits	
	Man Man	to	Maryland Mont	gomery	Da	mascus					1 ☐ Yas 🎞 No	
	be filed within 72 hours after death with the Manyland ital hygiene. d other than "naturel", or itams 23s or 28s-f show event, fre Medical Examiner must be multiple and itself.	Director	10e. Street and Number			10f. Zip Code			10g. Citizan of	What Coun	ntry?	
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		Funeral	11. Maritai Status	12. Was Decedant Evar in Armad Forcas?	u,S.	13. Was Dacedant o	f Hispanic Origin	? (Specify Yas or N	o- 14. Rac	ce - Amaric		
Maryland 21215-0020		by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced			1□ Yas 2X N		ourto Friouri, ato.,		Whit		
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and		Be c	Benjamin Wall	•	18. Mothar's Nama Emma					na <i>j</i>		
2	ire, Maryland Z1Z s 1 and 2 should be filed within if Health end Mental hygiene. Itam 27 is marked other than other traumatic event, fre.	J.	19a. Informant's Name/Ralationship		10h A	Mailing Address (Stre			known)	Ctata 7in	Code	
N S			Rose Mary Jorda			154 Trale					20872	
Baltimore,	permit. Pages 1 and 2: Depertment of Health er Important: If Itam 27 is any injury or other trace		20a. Mathod of Disposition		. Piace of D	Disposition (Nama of		Data	- City or To	wn, Stata		
E	Page ent o nt: If ry or		1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Space			c Meth. Co		4/2/97	Rockvi	110	Maryland	
alti	mit. Dertm Dortar		21. Signature of Fyneral Service Lio		Ocoma	22. Nama and Add		4/2/5/	ROCKVI	110,	rary rand	
m	Depermination of the series of		DOlini L.1	M. low on the	31	Olin L. 1	Moleswor	th, P.A.,	Funera	1 Hom	e	
	Physician /Medical		23a. Part1. Enter the disesse, or co	mp cations that caused the de	eath. Do no	26401 Rid I entar tha moda of d	dge Road ying, such as cer	Damascu	is, Mary	land	20872 Approximata Interval Batween	
Y			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line.									
f:			Immediata Causa (Final disease or condition rasulting in death) Dua to (or as a consequence of): Cuchorascular occident Dua to (or as a consequence of):								d .	
	Examiner										dosp	
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	law requires that the death certificate be executed es been signed by the ettending physician and 2 should be deteched for use as the burial-transit	Examiner	Sequantially list conditions,			nsequance of):				1	fund	
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o.	ires thet the death cer signed by the ettendin d be deteched for use	Physician/	Part II. Other significant conditions	contributing to daath but not r	asulting In t	ha undarlying ceusa (givan in Part i.				the cause of death?	
7	thet bed b	by Pi	prin other	Les				_ 1_	Yes 2□ No	3 Prob	bably 4/2 Unknown	
Vital Records, P.O.	n sign		,					24a. Was	an autopsy	24b. Wa	ara autopsy findings	
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<u>o</u>	ilclan: The	Be C	25. Was casa rafarred to medical				26 Place of	Daath (Check only			3183 20140	
=	yelclan: s certific director,	To B	axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 Inpatient 2	☐ ER/Outp	atlent 3 DOA		g Homa 5□ Rasi		ar (Specify	()	
0	g Physical dispersal di		27. Manner of Death	28a. Data of Injury (Month, Day Year)	28b. Tim	na of 28c. Inj			how injury occur			
Ö	Meath. ctor: After i	Certification:	1 Naturel 5 Pending 2 Accidant invastigation	on	III)C		Yas 2□No					
Division of	i or Attende effer death Director:	tilli	3 ☐ Sulcida 6 ☐ Could not datarmine	28a. Place of Injury - Al building, etc. (Spe	homa, farm	, straat, factory, offic	9	28f. Location (City or To	Street and Numb wn, Stata)	er or Rura	l Routa Number,	
2	ttal o											
	To the Hospital or Attending Physician: within 24 hours effer death To the Funeral Director: After this certific completely filled in by the funeral director,	edicai	29a. Cartifiar (Check only one) 12 Certifying P	hysician: To tha best of my k miner: On tha basis of exami end mannar statad.	nowledga, d netion and/o	aath occurred et tha or invastigation, in my	tima, data and pl opinion, death o	ace, end due to the ccurred at tha tima,	cause(s) and me data and place,	end dua to	eted. tha ceuse(s)	
	To the com	Σ	29b. Signatura and the of certifiar	201		29c. Lica	nsa number		29d. Data signe	d (Month, I	Day, Year)	
)			pland (1. Bass u	9	1	2391	/	March 3	1, 19	97	
			30. Nama and addrass of person who David A. Blass			onsin Ave	nue. Che	vy Chase.	Marvla	nd 2	0015	
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Sig	nahwe			, -11450,				
	Registr		APR 01	1997 Julia de	welson	Rarchall						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death March 27, 1997 ion of Deeth 4c. County of Deeth Ernest Oliver Mort 1:50 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Frederick Memorial Hospital Frederick 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dev. Year) Days 1 M 2 F Months Hours Min 217-28-9684 65 July 31, 1931 Maryland Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits Maryland Frederick Frederick 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5744 Butterfly Lane 21703 States United 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 □ No If Yes, Give Yeer or Detes 1952-54 11 Marital Statue Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Draftsman Steel company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Alonzo Mort **Jessaline** Clevinger 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Carleen K. Mort / wife 5744 Butterfly Lane/ Frederick, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, State Burial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Resthaven Memorial Gard. 3-29-97 Frederick, Maryland 22. Name end Address of Fecility Stauffer Funeral Home 21. Signature of Funerei Service Licensee. 1621 Opossumtown Pike/ Frederick, Md. 21702 in or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cause on each line. Approximete fntervel Between Onset end Deeth TNEUMONIA Immediete Ceuse (Finel disease or condition resulting in death) Due to (or es e consequence of): ORSTRUCTIVE 10 yrs LULMOWART

Physician /Medical **Examiner**

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10a State

Director

Funerai

py

Completed

Be

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Wodical Examinat, must be notified at

the Maryland

filed within 72 hours efter

permit. Pages 1 and 2 should be filed Department of Haalth and Mantal Hygic Important: if Item 27 is marked other any Injury or other traumatic event.

Baltimore, Maryland 21215-0020

Examiner Physician/Medicai g Completed Be 2 Medicai Certification:

signed by t

fi eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	0	3, 00 0 00,100 00	.,,		
thet initiated events resulting in deeth) Lest	Due to (d	or es e consequence o)):	70	
	d				
Pert II. Other elgnificent conditione co	ntributing to death but not res	sulting in the underlyIng	ceuse given In Pert I.	23b. Did tobacco use c	ontribute to the cause of death?
				24e. Was en eutopsy performed?	24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 1 Yes 2 No
25. Was case referred to medical			26. Plece of D	Peeth (Check only one)	
exeminer? 1 Yes 2 No	Hospitel: 12 Inpetient 2	ER/Outpetient 3 1	Other		ther (Specify)
27. Menner of Deeth 1 Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury et Work? 1 Yes 2 No	28d. Describe how Injury occu	urred
3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, street, fectory)	ory, office	28f. Location (Street end Num City or Town, Stete)	nber or Rural Route Number,
29e. Certifier 15 Certifying Phy (Check only one)	elclen: To the best of my kno iner: On the bests of examina end manner stated.	wledge, deeth occurre tion end/or investigetion	d et the time, dete end ple on, in my opinion, deeth oc	ce, and due to the cause(s) and n curred et the time, date end place	nenner es steted. e, end due to the ceuse(s)

29c. License number

TANEY AUR # 204

047611

29d. Date signed (Month, Dey, Yeer)

Francisco MD 21702

3127 97

State Registrar

29b. Signature end title of certifier

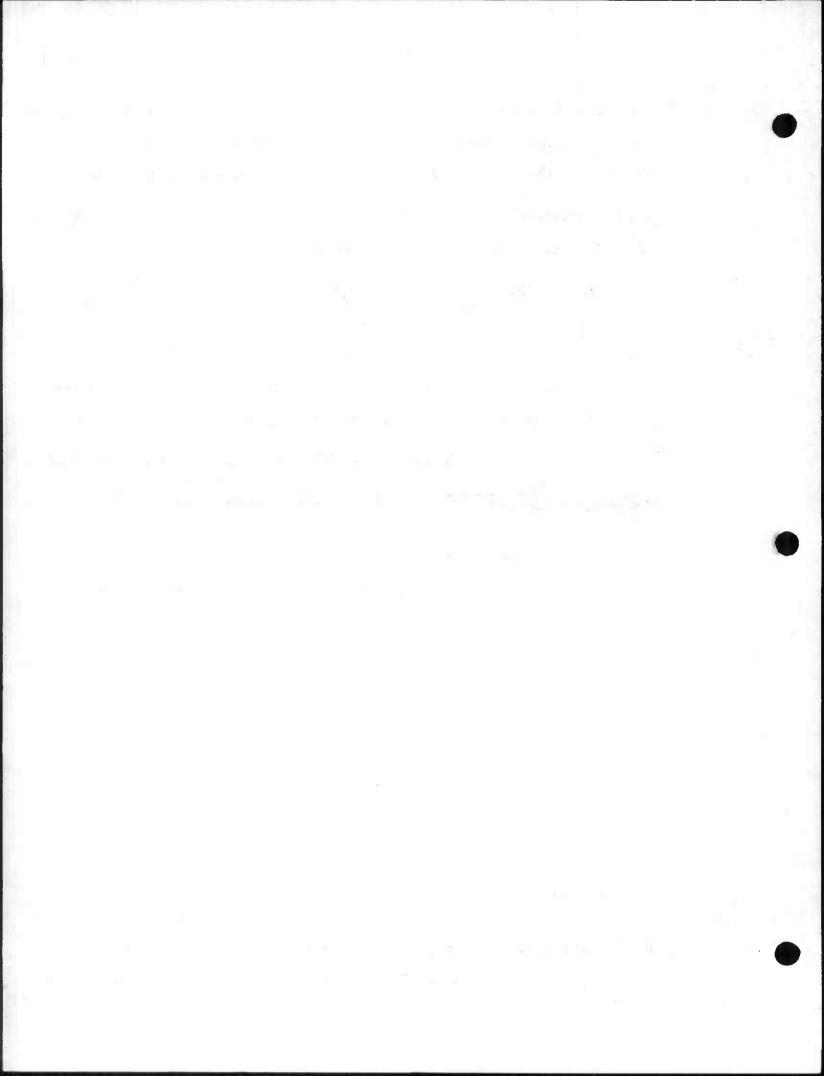
30, Name and address of person who completed cause of death (Item 23a) (Type, Print)

NANANDEKAN

MD 1475 PANZ-32. Registrare Standarden Rank 1/41

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, I



Physic		Decedent's Neme (First, Middle, La		thetta	MERCER		2. Dete of Deeth Month March 2:	3 Dey 1997 Yeer	3. Time of Deeth
/Medi Exami		4e. Fecility Neme (If not institution, girl Homewood Retire	ve street end number) ment Cente	r		4b. City, Town, or I	Location of Death	4c. County of Deer	ederick
Funerai Director		217-10-0734	Sex 7. Ag	e (In yrs. lest bird 96	thday) if Under 1 Yea Months Day	r If Under 24 Hrs. s Hours Min.	8. Dete of Birth Month, Day April 18	9. Birt	thplece (Stete or Foreigntry)
H show	tor	Usuel Residence of Decedent 10e. Stete Maryland 10b. County Fred	erick	10c. City, Town	or Location Freder	ick			10d. Inside City Limit
23a or 28a	al Director	10e. Street end Number 9727 Gas House	Pike		10f. Zip Code	21701	10	g. Citizen of Whet Co	U.S.A.
Department of hearth and Market hygiena. Important: If item 27 is market other than "natural", or items 23s or 28s-f show yily figury or other traumatic event, the Medical Examinet must be notified at once.	by Funeral	11. Maritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:	Ever in U,S. No	13. Was Decedent or If Yes, specify Co		pecify Yes or No- o Rican, etc.)	14. Race - Ame Bleck, Whit Specify:	
than "natur	Be Completed by	15. Decedent's E (Specify only highest gr. Elementary/Secondery (0-12)	ducetion ade completed) College (1-4or 5		Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti Homemaker	upetion e du <i>ring</i> most of wor red)	king	6b. Kind of Business/	Industry
merked other umetic event, to	To Be C	17. Father's Neme (First, Middle, Last John Nevin Rams				18. Mother's Nen	ne (First, Middle, M	eiden Sumeme)	
am 27 is men		19e. Informent's Neme/Relationship Kathryn L. Reed/	Type, Print) Daughter	19b.	Meiling Address (Stree 9727 Gas	House Pik	rel Route Number,	City or Town, Stete, 2	Zip Code) 21701
ant: If itam ury or oth		20e. Method of Disposition 1 Buriel 2 Cremation 3 4 Donation 5 Other (Special		20b. Plece of cemeter Mt.	Disposition (Name of y, cremetory or other p Dlivet Ceme	ece)		0c. Location - City or 997 Freder	
important: If any injury or once.		21. Signetura Funerai Service Lice	C. bris	M90021		y and Bas			ck, Md. 2
edical aminer	Examiner	23a. Pent1. Enter the diseese, or com shock, or heart failure. List only Immediate Ceuse (Finet diseese or condition resulting in deeth) Sequentially list conditions	6b.	Due to (or es e c	consequence of):				Approximete Intervel Between Onset end Deeth
ed by the attending physician and detached for use as the burial-transit	Physician/Medical Ex	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	С.	Due to (or es e c					- V
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s been sign should be	Completed by		-Sevi)				24e. Wes en performe	ed?	Were eutopsy findings eveileble prior to completion of cause of deeth?
s cartificata he director, paga	Be Con	25. Wes cese referred to medical exeminer?	1.F13			26. Plece of Dee	1 ☐ Yes		1 ☐ Yes 2 ☐ No
를	Certification: To	27. Menner of Deeth 1 Naturel 2 Accident 3 SuicIde 4 HomIcide	e con Disease of India	y Year) 28b. T	ime of 28c. Inj	ury et ork?] Yes 2 No	28d. Describe hov	et end Number or Ru	
Director: Af d in by the fu		29a. Certifier Certifying Ph	yelcian: To the best of	examination end	deeth occurred et the l/or investigetion, In my	ime, dete end plece opinion, death occur	, end due to the ceu rred et the time, dat	se(s) end menner es e end piece, and due	stated. to the cause(s)
he Funeral Director: Af plataly filled in by tha fu	edlcai	(Check only 2 Medical Exen	end manner ste	1.1					
within 24 hours after death. To the Funeral Director: Affer this completely filled in by the funeral		29b. Signeture and title of certifier	end manner ste	1	29c. Lice	32171	296	d. Date signed (Monti	h, Dey, Year)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	ertificate of	Death	R	eg. No.		
	Production 1		1. Decedant's Nama (First, Middla, Last)	K - 11			2. Data of Daat Month	h	V	3. Tima of Death
	Physic /Medi		MICHAEL	MAKUCH				MARCH	23.	Yaer 1997	7:50 AM
	Exami		4a. Facility Nama (If not Institution, give	street and number)			4b. City, Town, or L		4c. County		7.JU AN
1			Frederick Memoria	l Hospital			Frederi	ck	Frede	rick	
	Funeral Director		5. Social Sacurity Number 6. Sa. 195-05-0481 Usual Residence of Decedant	7. Aga (In yr.	s. last birthday 80 Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, May 13,	Year)	9. Birthpli Count Penns	ace (State or Foraign try) sylvania
	Merylend f show	tor	10a. Stata 10b. County		City, Town or L				- 17	10	Od. Insida City Limits
	28s	Director	Maryland Frederic 10e. Straat and Number	CK F1	rederio	10f. Zip Coda		1	0g. Citizen of V	What Count	rv?
	3a o		5860 Genesis Lane	Apt. 408		2170	13		U.S.		
21215-0020	72 hours after death with the Meryland natural', or items 23a or 28a-f show 3 cal Examinat must be notified at	by Funeral		12. Was Dacedant Evar in Armed Forcas? 1 ☐ Yas 2 ②No If Yas, Giva Yeer or Datas:	U,S. 13.	Was Decedant of H If Yes, specify Cubi 1 ☐ Yes 2 XNo	lispanic Origin? (Sp an, Mexicen, Puarto	pacify Yas or No- Dican, atc.)	14. Rac	e - Amarica ck, Whita, e	etc.
2-0	n 72 hours a "naturel", c	ted	15. Decedant's Edu	cation	16a. Dace	edent's Usuel Occup a kind of work dona DO NOT usa ratired	ation		16b. Kind of Bu	usinass/Ind	ustry
121	d within 7 glene. r than "n	Completed	(Specify only highast grade Elementary/Secondary (0-12)	College (1-4or 5+)			during most of work d)	ang			
	T3 C0 by	S	6		W	lelder			Sun Oi		ipany
Maryland	0 to 0	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nam		Aaidan Sumam	a)	
Z	should be ind Mental marked o	2	Joseph Makuch				Ahafia	Laew			
Ma	id 2 shoth and it is mutant		19a, Informant's Nama/Reletionship (Ty	pa, Print)		ling Addrass (Straet					
	E 26 CA F		Anna Makuch/Wife 20a. Mathod of Disposition	20b.		Genesis			rederic 20c. Location -		
altimore,	8 2 2 0		1 Burial 2 Cramation 3 R 4 Donation 5 Other (Specify)			osition (Nama of matory or other place oft Cemete	ery				nsylvania
Balti	permit. Pages 1 e Depertment of Her Important: If item any injury or othe		21. Signatura of Fugural Service Lightse	200	Root Root	22. Nama and Addra	ss of Facility				
	20529		Stell CX	eveler +	7 1	OA MODTU	MADVET C	T FDFDF	DTCV N		
	Physician /Medical Examiner	ner	23e Rart Enter the Common or common shock, or hash tailure. List only or Immediata Cause (Finel disease or condition resulting in death)	STR	OK /S	£ - 1	RT/	Jenn	gleg	-	Approximata Intervel Batween Onset and Death
ox 68760,	certificate be executed nding physician and use as the buriel-transit	VMedical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last	Due to	or as a conse	we /	feeld	Fai	lu	1	
Box	death cei le attendir ed for use	clar	Post II Other also Manager and Manager					1			
s, P.O.	that the ed by th detech	by Physician/	Pert II. Other significant conditions con	Myces	and	underlying causa gly	forth	23b. Old to			the cause of deeth? ably 4 Unknown
of Vital Records	aw requir as been s 2 should	Completed b	Ra	nd F	ale	m '		24a. Was a		evai	ra autopsy findings ilable prior to aplation of ceusa eath?
- B	The ate h	Con						1□ Ya	s 2000	1 🗆	Yas PONO
/ita	certificate	Be (25. Was casa referred to medical axaminar?				26. Piaca of Deat	h (Check only on	a)	1	
- t	Physic this ce rai dire	2	1 Yas 2 No		☐ ER/Outpatia	nt 3□ DOA Oth	ar: 4 Nursing Ho	ome 5 🗆 Resida	nce 6 DOth	ar (Specify,)
n	ng P	on:	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima o Injury	of 28c. Injur Wor		28d. Dascribe ho	w injury occurr	ed	
Division	To the Hospital or Attending Physician: The I within 24 hours efter death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Certification:	2 Accident invastigation 3 Sulcide 6 Could not be datermined	28a. Placa of Injury - At building, atc. (Spec	homa, farm, st		Yas a No	28f. Location (St. City or Town		er or Rural	Routa Number,
	To the Hospital within 24 hours To the Funeral I completely filled	edical	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 1 Madical Examination (Check only one)	Ician: To the best of my kn er: On the basis of examin and mannar stated.	owledge, deal ation and/or in	th occurred at the tin nvestigetion, in my o	na, data and plece, pinion, deeth occur	and dua to tha ca red et the time, da	usa(s) end ma ate and place, (nner es sta and due to	ited. tha couse(s)
	To the To the comp	M	29b. Signatura and title of certifier	Mars	vil	29c. Licans	a number 9/	26 25	9d. Data signad	12	ay, Year 7
			30. Name and address of person who co	ropleted cause of death (Ita	m 23a) (Type	Print) 806	PSU/6	town	ave	Terro	pnd
	Sta	ite	31. Data filad (Many) ARV, Yearly 190	32. Broghtur a figr	webser Re	dally		0	/	2	1/2/



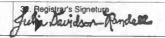
State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		F	leg. No.		
DI.		1. Decedent's Nama (First, Middla, Li	ast)						2. Dete of Dea	th	Veer	3. Time of Death
Physic /Med		Edward L	McInty	re					Month March	23, 19	97	10:30 Pi
Exami		4e. Fecility Nama (If not institution, gir	ve straat and number	-)			4b. City, To	wn, or L	ocation of Death	4c. County		
		6891 Snowbern	cy Court				Frede	rick	2	Frede	rick	
Funeral	Г			ga (In yrs. last	birthday)	If Under 1 Year Months Deys	If Under Hours	24 Hrs. Min.	8. Dafa of Birth	Year)	9. Birthp	place (Stete or Foreign
Director		329-09-3107	1₾M 2□F	83	Yrs.	monano boyo	710410	101011.	8. Data of Birth (Month, Dey July 12	, 1913	111	inois
pus *		Usuel Residance of Decedent 10a. State 10b. County		10c. City, T	own or Lo	ocation						Od Ingido City I imite
sho	5	Maryland Freder	ick	Fred								0d. Inside City Limits 1 ☐ Yes 2 No
the A	Director	10e. Street end Number				104 7in Code				O- Cist		
with with	ā	6891 Snowberry	· Count			10f. Zip Code 2170	12			Og. Citizen of V		ntry?
eath	Funeral	11. Marital Status	12. Wes Dacedan	Ever in IIS	13 5			inin? (Cn	acifu Vac or No-	Ameri		an Indien,
ter d	P	1 Never Married 2X Married	Armed Forces	?	10.	Wes Decedent of I If Yes, specify Cub	an, Mexicar	n, Puerto	Rican, atc.)		k, Whita,	
e sur	by	3 □ Widowed 4 □ Divorced	If Yes, Give Year or Dates:			1□ Yes 2X No	Specify:			Specify	. Wh:	ite
within 72 hours efter death with the Maryland ione. Then "naturel", or flems 23a or 28a-f show the Medical Examines must be inclifted at	Pe	15. Decedent's E	ducation	1	6e. Dece	dent's Usuei Occup	pation			16b. Kind of Bi	usinass/in	dustry
C 60	Completed	(Specify only highast gri	ede com <i>pleted)</i> College (1-4or	54)	(Give	kind of work dona DO NOT use retire	during mos d)	t of work	ring			ment - IRS
filed within Hygiene. Ather then	EO	Liententary/occordery (0-12)	2	34)	SI	pecial Ag	ent			U.D. GO	verm	nent - IRS
#fig	Be	17. Fethar's Nama (First, Middle, Last)				18. Mothe	er's Nam	e (First, Middle,	Meiden Sumam	(9)	
should be and Mental I marked or	To	Robert W. Mc	Intyre				Is	abe1	le Jea	n Stra	in	
d 2 should th end Mer 7 la marke traumatic		19e. Informent's Neme/Raiationship	Type, Print)	1	9b. Mailir	ng Address (Street						Code)
C - CV		Dwilla D. McInty	re - Wife		6891	Snowber	ry Co	urt,	Freder:	ick, Ma	rylar	nd 21703
of Healt of Healt fitem 2		20e. Method of Disposition		come	of Dispo	osifion (Neme of	ce)		Dete	20c. Location -	City or To	own, Stete
Peges nent of I int: If its		1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		Montg	omer	y Cremato	orium	Inc	. 3/25 B	ethesda	. Ma	rvland
permit. Peges 1 ar Depertment of Hea Important: If Item 3 any Injury or other once.		21. Signature of Funeral Service Lica	nsee			2. Neme end Addra						
Dependence on the land once.		Moles La	1.10- 7	ot.	0]	lin L. Mo	1eswo	rth,	P.A.,	Funeral	Home	
71 - 77		23a. Pert 1. Enter the disease, or comshock, or heert feilure. List only	lications thet cause	d the death. D	o not ant	0401 Ridg	e Roa	d, I	amascus	, Maryl	and	20872-01 Approximete
Physician /Medical		Immediete Ceuse (Final	11									Onset and Deeth
Examiner		diseese or condition resulting in deeth)	0. 1471	Due to (or es	1750	ve the	0/1	1/	Sease		<u>i</u>	1 ans
HAN	Je.		_//	Due to (or es	a consec	quence or). r						
certificate be executed ding physician end se es the buriel-transit	Examiner	Sequentially list conditions	b	Due to (or es	a consec	uenca of):						
an el		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disaese or Injury										
ate be	edicai	thet initieted events resulting in deeth) Lesf	c	Due to (or es	e conseq	uence of);						
ng pt	Med	resulting in destin Less									1	
_ C 3			d						-		1	
0 0	Physician	Pert II. Other eignificent conditions of	ontributing to death t	out not resulting	g in the u	nderlying cause giv	en in Pert I		23b. Dld to	bacco use cor	ntribute to	the cause of death?
that the	Phy	1.1	4	1000	11	tur			1 🗆 Y	ee 2□ No	3 Prol	bably & Unknow
	þ	- Dian-	162	19) ((197)						
v requires been sign should be	Completed	Demo	of to	1					24e. Wes e	n eutopsy ned?	600	ere eutopsy findings elieble prior to
2 S S	ple	70.00	201110	1							of	mpletion of causa deeth?
The i	EO.								1 🗆 Y	s 2 No	10	Yes 2□ No
iclan: The certificate rector, peg	Be	25. Wes case referred to medical					26. Piece	of Deet	h (Check only on	(e)		
5 00	To	examiner?	Hospitel: 1 Inpati	ent 2 ER/	Outpetien	nt 3 DOA Oth	oer.		me 5 Reside		er (Specif	v)
g Physician: The law requires the this certificate has been signed heral director, page 2 should be to		27. Menner of Deeth	28e. Dete of Inju		o. Time of	28c. Injur		1	28d. Describe ho			
i or Attending Peter death. Director: After if in by the funer	atio	2 Accident 5 Panding investigation		sy roar,	Injury		Yes 2	No				
Afte or de octo	Ific	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of in	jury - At home,	ferm, sfr	eef, factory, office			28f. Location (SI City or Town		er or Rura	I Route Number,
s effe	Certification:	4 - Homodo	building, en	tc. (Specity)					Only of Town	, orera)		
To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	1 1	29a. Certifier (Check only 2 Medical Exam	ysician: To the best	of my knowled	ige, deeth	occurred of the fir	ne, dafe an	d place,	and due to the c	euse(s) end me	nner es st	leted.
he H in 24 he Fi	edical	one)	niner: On the besis of end menner st	eted.	end/or inv	restigetion, in my o	pinion, dee	tn occurr	ed et the time, d	ete end pieca, e	ena aue to	the cause(s)
To the To the Com	Σ	29b. Signature and title of certifier	6/1			29c. Licens	e number		2	9d. Dafa signed	(Month,	Day, Year)
		1/ MANIA	PIX	- 10	7	11 DI	1,428	7		3/20	119'	7
			pleted cause of			Print)	100			-	++	
		Casper V. Cline	III, M.D	. (300) Wes	st 9th St	reet,	Fre	derick,	Maryla	nd	
Sta	ite	31. Date filed (Month, Dey, Yeer)	32. Registr	rer's Signature	P	7		7				
Registi	ar	WAK 2 5 19	31.	Whaman's	TON	all						

State of Maryland / Department of Health and Mental Hygiene 97

					Certificate	of Death		Reg. No.		
Physic		Decedent's Neme (First, Middle, Lest PEARL)		MATTHEW	S	2. Dete of De Month		Yeer	3. Time of Death
/Medic Examin		4a. Fecility Neme (If not institution, give MARINER OF GLEN BU				4b. City, Town, or		4c. Coun	ty of Deeth	
Funeral Director		5. Social Security Number 6. Se 391-12-3060	7. Age	(In yrs. lest birt	hday) If Under 1 \ Months D	Year if Under 24 Hrs Deys Hours Min		y, Yeer)	9. Birth Cou WISC	plece (Stete or Foreig intry) CONSIN
show	or	Usuel Residence of Decedent 10e. Stete 10b. County MARYLAND ANNE A		10c. City, Town	or Location SEVERN				- T	10d. inside City Limit
3a or 28a-	i Director	MARYLAND ANNE A 10e. Street end Number 1652 SHANNON "O" C			10f. Zip Co	ode 1144		10g. Citizen of U.S.		
"natural", or items 23a or 28a-f show softal Examiner munt be notified at	by Funeral	11. Maritei Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ex Armed Forces? 1 ☐ Yes 2 ② No if Yes, Give Year or Detes:		13. Was Decedent if Yes, specify	t of Hispenic Origin? (S Cuban, Mexican, Puer No <i>Specify:</i>	Specify Yes or No to Rican, etc.)	14. Re Bio	eck, White	can indien, , etc. HITE
than	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+ N/A		Decedent's Usuei C (Give kind of work a life. DO NOT use r	done during most of wo retired)	orking	16b. Kind of I		ndustry PPLIER
d other event, I	To Be Co	17. Fether's Neme (First, Middle, Lest) FRANK		ZINSKI	CHERK		me (First, Middle,			
27 ls r trau		19e. Informent's Neme/Reletionship (Ty GERALD F. SEELEY	pe, Print) (FRIEND)			treet end Number or R				
7 7		20e. Method of Disposition 1 ☐ Buriel 2 🏋 Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovei from Stete	cemeter	Disposition (Name of cremetory or other EAKE CREM	of r plece) ATORY, INC.	Dete 3/31/97	20c. Location BELTSV		
Important: I any injury o once.		21. Signeture of Fugeral Service License	10			AVENUE, S				
sician		23a. Part1 Philar to disease, or campli shoot or heart alture. List only or	cetions thet caused the ceuse on each line	he deeth. Do n	ot enter the mode of	f dying, such es cardie	c or respiretory e	rest,		Approximete Interval Between Onset end Deeth
edical miner		immediate Ceuse I disease or condition resulting in deeth)	ASP	ue to (or es e c	T/ON	PNEU n Acc	MONI	9	.	Iweele
and I-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying			ancular of):	n Acc	eden	<u> </u>		6 year
nding physician and ise es the buriel-transit	/Medical E	cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	D	ue to (or es e co	onsequence of):					
6 3		d								
been signed by the ette should be detached for	by Physician	Pert ii. Other eignificent conditions con	tributing to death but	not resulting in	the underlying caus	e given in Pert i.		/		o the cause of death
12 5	Completed	0 0					24e. Wes perfo	en eutopsy med?	64	ere eutopsy findings relieble prior to empletion of cause deeth?
pa	Be Con	25. Was case referred to medical				28 Diana of Day	1 □ 1		11	☐ Yes 2☐ No
th is	2	examiner? 1 Ves 2 No H	ospitai:			Other: 4 Nursing H	lome 5 ☐ Resid	lence 8 🗆 Oti		(y)
d in by the funer	Certification:	1 Natural 5 Pending investigation 3 Suicide 6 Could not be	28e. Dete of Injury (Month, Dey)		М	Injury at Work? 1 Yes 2 No	28d. Describe h			
To the Funeral Director: A completely filled in by the fu		4 ☐ Homicide determined	building, etc.	(Specify)	n, street, fectory, of		City or Tow	m, Stete)		el Route Number,
he Fune pletely fi	edical	29a. Certifier (Check only one) Certifying Physical Examination	ician: To the best of a er: On the basis of ex end manner state	kaminetion end/	deeth occurred et th or investigetion, in r	ne time, dete end piece my opinion, deeth occu	e, end due to the d irred et the time, d	euse(s) and m dete end piece,	enner es s , end due t	steted. the cause(s)
Toth	M	29b. Signeture end title of certifier	Kando			cense number		29d. Dete signe	ed (Month,	Dey, Year)
		30. Name end eddress of person who con	mpleted cause of dee	th (Item 23e) (T		26307		3/27	197	

State Registrar 31. Dete filed (Month, Dey, Year) APR 0 1 1997



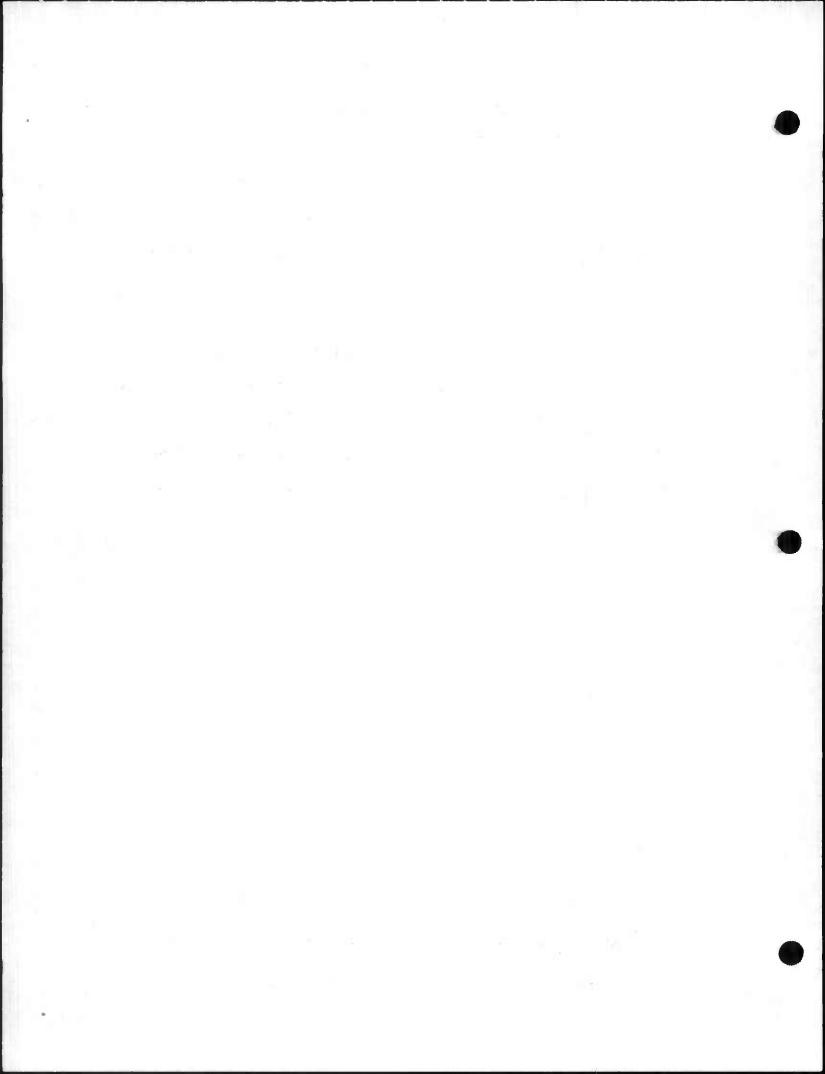
RANI L. KARIPINENI M.D. 4000 ANNAPOLIS ROAD BALTIMORE MD 21227 MC 1-11-2-4709 RS (410) 789-0240

19 44

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

								Deam			Reg. No.			
Physic	ion	1. Decedent's Neme (First,	Middle, La	est)						2. Dete of D	Peeth Dev	Year	3. Time of	Death
/Medi				Ma	bel T	. Me	redith			Apri		997	1:50F	,
Examir		4e. Fecility Neme (If not ins						4b. City, To	wn, or Le	ocation of Dee	oth 4c. Cou	inty of Dee	ith	
		The Me			pital	-		East			Ta]	.bot		
Funeral		5. Sociel Security Number		Sex 1□M 2∏ F		rs. lest birthdey)	If Under 1 Year Months Deys		24 Hrs. Min.	8. Dete of B (Month, D	irth De <i>y, Year)</i>	9. Bir	thplece (State or ountry)	Foreign
Director		214-32-675 Usuel Residence of Deced) 4			89 Yrs.				08/18	3/07	Ma	ryland	
2 8 =		10a. State 10b. C			10c.	City, Town or Lo	ocation						10d. Inside Cit	v I Imits
28a-f show	jo	MD (arol	line			Fede	rals	bur	a			1 □ Yes	
288	rec	10e. Street end Number	,				10f. Zip Code			3	10g. Citizen	of What C	nuntry?	
23a or	O	4076 Sei	nes	Road				216	32		Unite		•	
	Funeral Director	11. Maritel Stetus	7 0 0 0	12. Was Dec	edent Ever in	n U,S. 13. 1	Was Decedent of			ecify Yes or N			erican Indien,	_
al', or items	F	1 Never Married 2	Married	Armed Fe	217 No				, Puerto	Rican, etc.)		Bleck, Whi		
land, or	by	3X Widowed 4 □ Div	orced	If Yes, Gi Year or D	ive Dates:		1□Yes 2X□No	Specify:			Spe	ecify: V	Ihite	
"natural",	Completed	15. De	cedent's E	ducetion ade completed)		16e. Dece	dent's Usuel Occu kind of work done DO NOT use retire	petion during mos	t of work	ina	16b. Kind o	f Business	/industry	
than T	npiqu.	Elementery/Secondary (0		College (OF WORK	n ig				
Hygier ther the	S	10				H	omemake					in Ho	ome	
d off	Be	17. Father's Neme (First, M.									e, Maiden Sun			
and Mental Hygi s marked other	2			rd E.	Inawi						nson 1			
h and I Is n traun		19a. Informent's Name/Rel			Can		9 Houst							MD
Health bm 27 ther tr		H. Wilson 20e. Method of Disposition	mer	ed I t II /		o. Piece of Dispo		. O II D	I all	Dete				110
ponner, i gago e rande a should be mod wittin for in Department of Health and Mental Hygiene, Important: if Nem 27 is marked other than "natur any injury or other traumatic event, the Modical once.		1)\Deuriel 2 □ Crem			Circ	cemetery cres	est Cer	ce)	V				Town, Stete	1D
rtant		4 Donetion 5 Ott			- 11					7 4 7 3 7	I caci	4131	, ui g , i	
Department Important: I any injury o		21. Signature of Funeral Se		Λ .		F	name end Addr	n-Haw	kin	s-Esk	ow Fur	neral	Home	
		23a. Part 1. Enter the diseashock, or heart fellure	t. 40	Ber		P	O Box	13. F	ede	ralsb	urg, N	1D 2	1632	
/Medical xaminer	iner	Immediate Cause (Finel disease or condition resulting in deeth)		e. Pr	Due to	o (or es e conseq	uence of):		i				3 week	ک
ian end uriei-trens	Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events	ſ	D	Due to	(or es e conseq	uence of):							
inding physician end use es the buriel-frensit	n/Medical	thet initieted events resulting in deeth) Last	J	d.	Due to	(or es e conseq	uence of):							
	lan			u										
the	Physicia	Pert II. Other significant co	nditions o	ontributing to de	eath but not r	esulting In the ur	nderlying cause gi	ven in Pert I.		23b. Did	tobacco use	contribute	to the cause of	death?
igned by the ette be deteched for	된	Congestent	Low	+ Faul	me	Aort	rc Ster	~0515		1 🗆	Y88 2 N	o 3□P	robably 4 U	Inknowr
ate hes been signed by the etter pege 2 should be deteched for u	d by	0				1				240 Wes	o an autonou	24b	Were eutopsy fin	ndinge
been si shouid	ete									perf	s en eutopsy ormed?	, N	eveileble prior to completion of ca	
hes ge 2 :	Completed												of deeth?	
		1								10	Yes 200 No		1 ☐ Yes 2 ☐ N	10
is certifica director,	o Be	25. Wes case referred to m exeminer?	edicel	Hospitel:			On	ner .		(Check only				
	\vdash	1 ☐ Yes 287No 27. Menner of Deeth		28e. Dete		☐ ER/Outpetien 28b. Time of	3 DOA	4 LI NUI			how Injury oc		cify)	
Afte fund	to to		ending vestigation	(Mont	th, Dey Year)	Injury	28c. Inju Wo	rk? Yes 2⊟t				Juli 00		
after death Director: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ C	ould not be etermined	289. PIECE	of Injury - At ng, etc. (Spe	home, ferm, stre	eet, factory, office				(Street end Nu own, Stete)	mber or Ri	ural Route Numb	er,
	edical C	29e. Certifier (Check only one)	tifying Ph	nner: On the ba	best of my ke asis of examination	nowledge, death netion end/or Inv	occurred et the til estigetion, in my o	ne, dete end pinlon, deet	d plece, e h occurre	end due to the	ceuse(s) end , date end pled	menner es	s stated. to the ceuse(s)	
F & 0	Z Z	29b. Signature and titlinol o	prtifier)				29c. Licens	e number			29d. Dete sig	ned (Mont	h, Dey, Year)	
ro th			///				175	71101			111	1-		
withi To th		1/2/	1/1	on w			1231	17 1			411	191		
To the com		30. Name and address of as	rson who	annieted ceurs	a of death /!!	em 23e\ /Time !	Print)	79 1			4/1	19 1		
withi To th		30. Neme and eddress of pe	rson who	completed ceus	e of death (It	em 23a) (Type, I	- /	m	21	60/	4/1	19)	A sell	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month McAllister walter 14:58 ARRIL 02 1997 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimor Memoria MION 6. Sex 1XXM 2□ F If Under 1 Year 5. Social Security Number if Under 24 H 7. Age (In yrs: lest birthday) Birthplace (State or Foreign Country) Months Days Hours Yrs. 218-14-1045 5-11-1923 MARYLAND Usuai Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1908 WILKENS AVE. 21223 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1♥ Yes 2 No If Yes, Give Year or Dates: WWII 1X Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) MUSICAL GROUP 12 MUSICIAN 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) WALTER McALLISTER MARGARET CARNEY 19e. Informant's Name/Relationship (Type, Print) PERS. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) PATRICIA ANN MCALLISTER REP. 196 SILLERY BAY RD. PASADENA, MD. 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) CHESAPEAKE CREMATORY 4-4-97 BELTSVILLE, MD. 22. Name and Address of Facility SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD. 21061 complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, only one ceuse on each line. Approximete Interval Between Onset and Death fmmediale Cause (Finel System Organ 5 day disease or condition resulting in deeth) Due to (or as e consequence of):

Physician /Medical Examiner

end

Physician

/Medical

Examiner

10a Stale

Funeral

Director

Items 23s or 28s-f show

7 is marked other than "natural", or Item traumatic event, the Medical Examinet

al Hygiene.

h and Mental P

permit. Peges 1 and 2 Department of Heelth a Important: If Itam 27 is any Injury or other trai

Peges 1 end 2 should be filed within 72 hours after nent of Heelth and Mental Hygiene.

Baltimore, Maryland 21215-0020

Director

by Funeral

Completed

Be

2

the Maryland

with

buriel-transit ettending physician for use as the burie Physician/Medical ed by the e signed by I Completed by To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director, to Be Medical Certification: To

certificate hes

The law requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b. Serattia Marcescens SEPSI. Due to (or es e consequenca of):	5 doeys
by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	c. Due to (or es a consequence of): d	
sick	Pert II. Other significant conditions or	ontributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobecco use contribute to the cause of death
y Phy	Acute Renal	Failure	1 Yes 2 No 3 Probably 4 Unknow
Completed t		ARTERY DISEASE	24a. Wes an autopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of death?
Ö	25. Was case referred to medical	NTRANASCULAR COAGULOPATHY	1 ☐ Yes 25 No 1 ☐ Yes 25 No
o Be	avaminas?	26. Place of Deeth (C	
-	1 ☐ Yes 2 No 27. Menner of Death	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home	5 ☐ Residence 6 ☐ Other (Specify)
ation	1 Netural 5 ☐ Pending investigation	(Month, Day Year) Injury Work? Injury Work? I ☐ Yes 2 ☐ No	I. Describe how injury occurred
Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of fnjury - At home, farm, street, fectory, office building, etc. (Specify)	Location (Street end Number or Rural Route Number, City or Town, Stete)
dicai (29a. Certifier (Check only one) 1 Certifying Phy 2 Medicat Exam	raicfen: To the best of my knowledge, death occurred et the time, dete end ptaca, and iner: On the basis of exemination and/or investigation, in my opinion, death occurred end menner stated.	due to the cause(s) end menner as steted. et the time, date end piace, and due to the ceuse(s)

29c. License number

29d. Date signed (Month, Dey, Year)

April 02, 1997

State Registrar

31. Dete filed (Month, Day, Year)
APR 0 4 1997

30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print)

Stor

29b. Signeture end title of certifier

3333 N Calvert St #650. Baltimore, MD 21117 62 Registrar's Signature

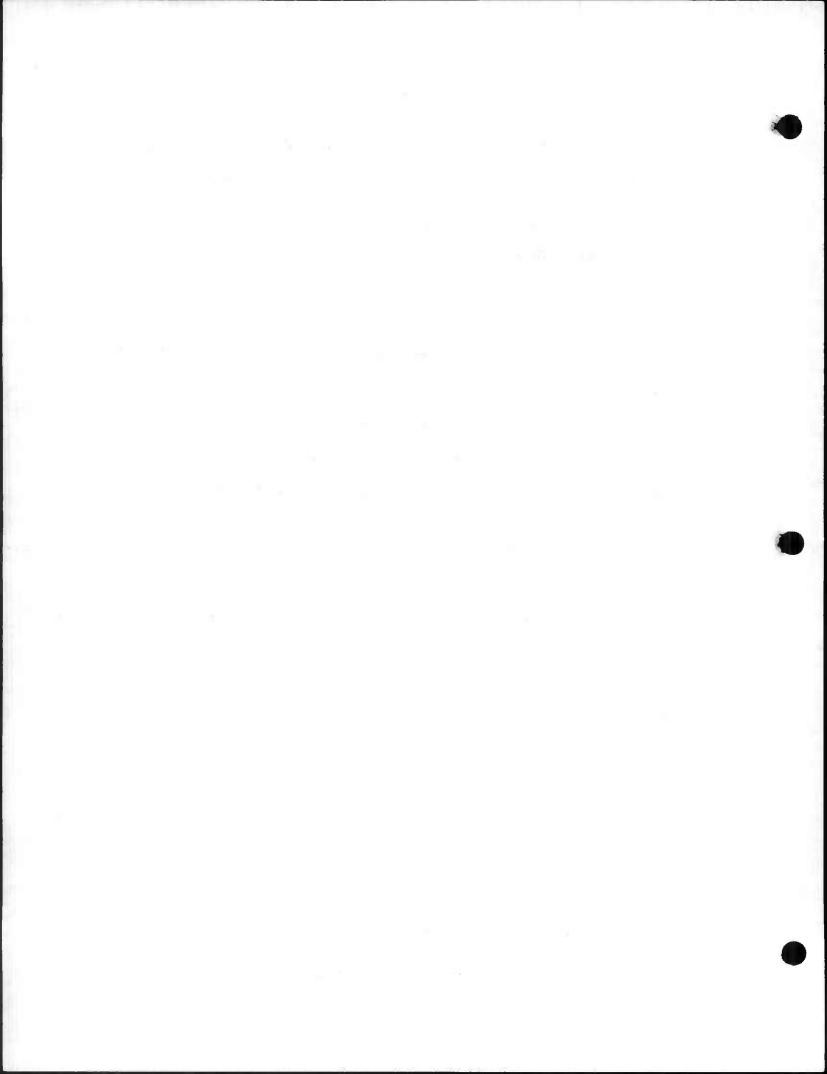
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State of Maryland / Department of Health and Mental Hygiene 97

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					Cei	tificate o	i Death		Reg. No.	
Physici /Medic		1. Decement's Name (First, Middle R IN E	, Last)	M	1	Lin		2. Date of I	/ Dey	Year / / /
Examin		4a. Facility Name (If not institution	, give street and numi	ber)			4b. City, Town,	or Location of De	ath 4c. County	y of Death
	Ш	ANNE ARUNDEL M	EDICAL_CEN	TER			ANNAPOL		ANNE	ARUNDEL
Funeral		5. Social Security Number	6. Sex 7 1 ☐ M 2 🛣 F	. Age (In yrs. last b	irthdey) Yrs.	If Under 1 Year Months Day		in. (Month, I	Day, Year)	Birthplace (State or F Country)
Director		214-26-0340 Usual Residence of Decedent		70	118.			FEB.	8 1927	MARYLAND
/land		10a. State 10b. County		10c. City, To	wn or Lo	cation				10d. Inside City I
Man	tor	MARYLAND ANNE	ARUNDEL	ANNAPO	LTS					1 XYes 2
h the	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Country?
th wil		1818 D COPELANI	STREET			2140)1		U	S
r dea	Funeral	11. Marital Status	12. Was Deced Armed Forg	ent Ever In U,S. es?	13. \	Was Decedent of	f Hispenic Origin? Iban, Mexican, Pu	(Specify Yes or I	Vo- 14. Rae	ce - American Indien, ock, White, etc.
72 hours after death with the Maryland *neture!, or frems 23e or 28s-f show of cal Examiner must be notified at	by Fu	1 ☐ Never Married 2 ☐ Marri 3 ☐ Widowed 4 🛱 Divorced	Armed Forqued 1 Tes 2 If Yes, Give Year or Date			I□Yes 2ŪXN		,	Specif	DIAGU
72 hor	Completed	15. Decadent (Specify only highes	's Education	166	e. Deced	lent's Usual Occ	upetion e during most of v	working	16b. Kind of B	usiness/Industry
S 1.3	npie	Elementary/Secondary (0-12)	College (1-4	lor 5+)	iife. I	OO NOT use reti	red)	vorking		
D D	Cor	12th	0	h	[AIT]	RESS	_			DELICATESSE
ould be file Mental Hyg arked othe atic event,	o Be	17. Fether's Neme (First, Middle, I	.ast)					Name <i>(First, Midd</i> DE GRAY	lle, Maiden Sumar	ne)
S D E E	-	19a. Informant's Name/Relationsh	ip (Type, Print)	19	b. Mallir	g Address (Stre			ber, City or Town	, State, Zip Code)
1 and 2 Health a em 27 is		SANDRA LONG (DAU	GHTER)	79	80	RONAELE	DRIVE E	PHILA.,	PA. 1902	7
of Heali Item 2 r other		20a. Method of Disposition		nom of	of Dispo	sition (Name of natory or other p	lace)	Dete	20c. Location	- City or Town, State
Peges nent of it int: If ite		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (Sp.		are		MEM. GA		4/3/97	ANNAPOI	LIS, MD.
permit. Pe Departmen Important: eny injury once.		21. Signature of Funeral Service L	icensee			. Name and Add		_1		
89 E 2 8		Lany S.	Reese		W	A. REESE	& SONS	MORTUAR	Y, P.A.	
4 1 2 1		23a. Pert1. Enter the disease, or shock, or heart failure. List of	complications that cau	ised the death. Do	not ent	er the mode of d	ying, such es card	POLIS, I	1D . 2140	Approximete Interval Between
Physician		arrand or route langers. Else	L.	100						Onset and Dea
/Medical Examiner		Immediate Cause (Final disease or condition	t	4//						10
cxaminer		resulting in death)	a	Due to (or as a	conseq	uence of):	4			
sit ad	ine		- DER	1RECT	4	150	CE PS			
certificate be executed ding physician end ise es the bunel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	P	Due to (or es a	conseq	uenca of):	Colon			6 m
burie burie		cause. Enter Underlying Cause (Disease or Injury that initiated events	c.	116	4		Color		ren	,
ficate p phys	edicai	resulting in death) Lest		Due to (or es e	conseq	uence of):				
- 63	IN/M		d							
death he etten ed for u	sicia	Part II. Other significant condition	s contributing to deal	h but not resulting	in the ur	nderiving cause	riven in Part I	23h Di	d tobacco usa co	ontributa to the cause of d
es that the death igned by the ette be deteched for	Physician	Λ	PON"	7		CE	givoir ii i aici.		Yes 2 No	3 Probably 4 ☐ Un
and de d	by F	14.0/1/2		0/ V	the	756	-	-		
v requires been sign should be								24a. Wa	as an autopsy rformed?	24b. Were autopsy find eveilable prior to
2 S S	Completed							-		completion of caus of death?
t ee	Con							10	Yes 200	1 ☐ Yes 2 ☐ No
clan: ertific ector,	Be	25. Wes case referred to medical examiner?		/			26. Place of D	Death (Check only	y one)	
hys hys	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 Pinp		utpatien	T 3LI DOA			sidence 6 □Oth	
ding Ph. h. After thi funeral	lon:	27. Manner of Deeth 1 Deture 5 Pending			Time of Injury	28c, In		28d. Describ	e how Injury occur	rred
Attending or death. ector: After by the fune	cat	2 Accident Investig	ot be				☐ Yes 2 ☐ No	00/1	(0)	
effer deat Director: d in by the	Certification:	4 Homicide determine	ned 28e. Place of	Injury - At home, f , etc. (Specify)	arm, stre	et, factory, offic	е		(Street and Numi own, State)	ber or Rural Route Number
To the Hospital or Attent within 24 hours efter deat To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one)	Physician: To the be xaminar: On the basi and manne	s of examination as	e, death nd/or Inv	occurred at the restigation, in my	time, date and pla oplnion, death oc	ace, and due to the	e cause(s) and m e, date and placa,	anner as stated. and due to the cause(s)
To the within To the	Me	29b. Signature end title of cartifier	z. Roa.	ne M	1)	29c. Lice	nse number)	29d. Date signe	ed (Month, Day, Year)
		30 Name and address of person w	tho completed cause	of death (Item 23a)	(Type,	Print)	MEST	In in	Anna	holis Ly
		O ORTO C		1 12.	/	0/6 70	1001/ 5	7146	1	7
Stat	- 8	31. Date filed (Month, Day, Year)		istrar's Signature						
Registra	ar	APR 021	997 Ju	hia Davidson	-Pan	dell				

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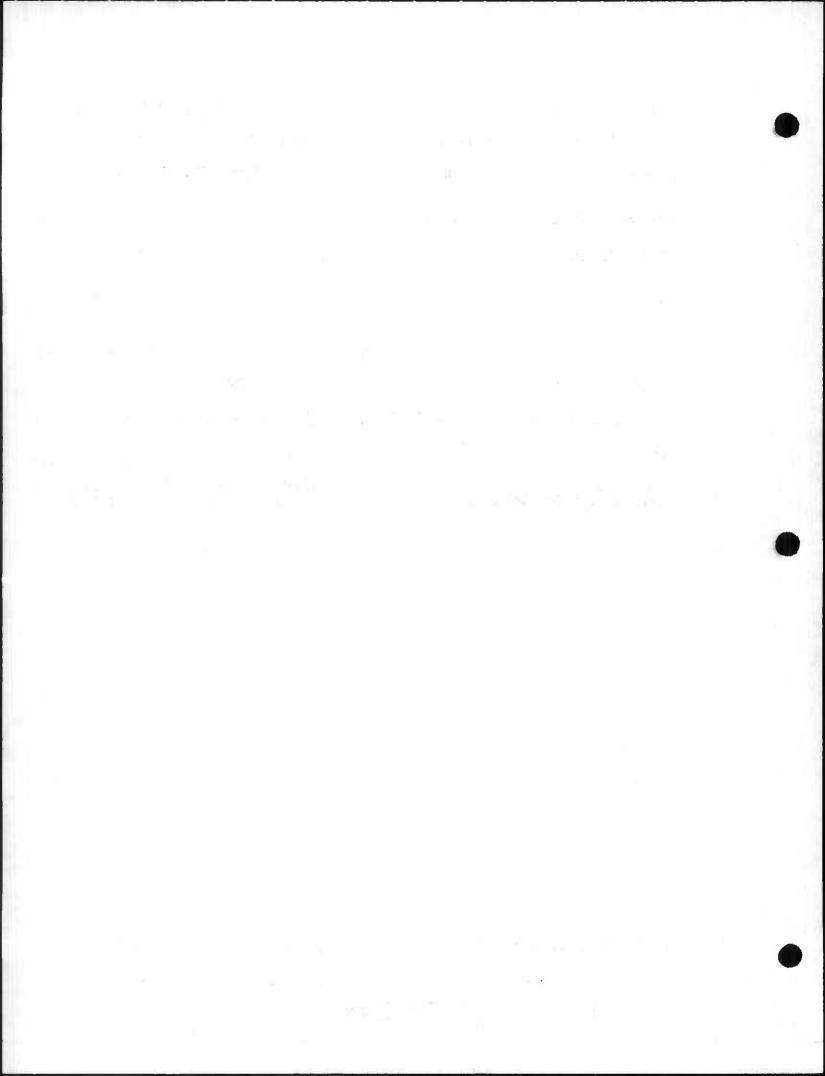
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. rendel #5, 71 h.S., 2/17, Allegany Correty State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** MARCH 2°8 ANN MOORE NEWNAM 6:51 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 11007 MARTY STREET NW LA VALE ALLEGANY If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day, Year) 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Deys 1 □ M 2 K F Yrs. **Director** 86 DEC 4, 1910 NORTH CAROLINA Usual Residence of Decedent the Merylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo MARYLAND ALLEGANY LA VALE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6 238 permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s and Injury or other traumatic avant, the Modest Expanding mass office. 11007 MARTY STREET NW Funeral 21502 USA 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 🖾 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by Specify: 3 N Widowed 4 Divorced Yeer or Detes WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be 10 DANIEL C. MOORE ESTELLA O'NEAL 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JO ANN DRESSMAN 11007 MARTY ST. NW, LA VALE, MD 21502 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete march 0☐ Buriel 2☐ Cremation 3☐ Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) SS PETER & PAUL CEMETERY31, 1997 CUMBERLAND, MD 91 Signature of Funeral Service Licensee 22. Name end Address of Fecility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY, LA VALE, MD 21502 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or es a consequence of) Examiner physicien end s the buriel-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of). attending p Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 2 signed by d 3 Probably 4 ☐ Unknown 1 Yes No Division of Vital Records. þ been si 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? hes certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 2 1 ☐ Yes 1 Inpatient ZER/Outpation 3□ DOA 5 Residence 6 □Other (Specify) this 28a. Date of Injury (Month, Day Year) 27. Mapner of Deeth
1 Neturel
2 Accident 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? After 5 Pending 1 ☐ Yes 2 ☐ No death. Investigation efter daath Director: / 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide filled in by 4 Homicide To the Hospital within 24 hours or To the Funeral Completely filled Medical 29a. Certifier cartifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated. 2 | Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signafure and title of certifier cense number 29d. Date signed (Movim, Day, Year) 2 (Item 23a) (Type, Pri 30. Name and ad Mess

State Registrar 31. Dete filed (Month, Dey, Year)
APR 0 2 199

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 97 11226

					Cei	rtificate	01	Death			Reg. No.	0 1	- 1	1 4	_ 0
		1. Decedent's Name (First, Middle, L	ast)							2. Date of De	ath	.,		3. Time o	f Death
Physicia /Medica	_	Emory Edward Nev	ton							April .	2, 199	97 Yee	r	9:00	a.m.
Examine		4a. Facility Neme (If not Institution, g		ber)				4b. City, Tov	wn, or Lo	cation of Death		unty of De	eath		
		10227 Riley Mill	Road (a	t home)				Ches	stert	own	I	Kent			
Funeral Director		5. Social Security Number 6. 220–14–2889	Sex 7	. Age (In yrs. lest I	birthdey) Yrs.	If Under 1 Months	Days		24 Hrs. Min Au	8. Date of Bird (Month, Da 1gust 2	h Y. Year) 1. 19(9. B	lirthplac Country	e (Stete d	or Foreign
		Usual Residence of Decedent													
a-f show	ctor	Maryland Kent		Ches									10d	Inside C	ity Limits No
or 28	Sire	10e. Street and Number				10f. Zip 0	Code				10g. Citizer	of Whet	Country	?	
23a	a	10227 Riley Mill	Road			21	L62	20			Į	J.S.A			
o'na	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceded Armed Force 1 Yes 2 If Yes, Give Year or Date	es? X No	"	Was Decede f Yes, specif 1 ☐ Yes 2	ry Cul	ban, Mexicen,	gin? (Spe , Puerto f	cify Yes or No Rican, etc.)		Rece - An Bleck, Wh ecify: W	nite, etc		
ical	Completed	15. Decedent's f		16	a. Deced	fent's Usuai	Occu	petion			16b. Kind	of Busines	ss/indus	itry	
Med.	ple	(Specify only highest g Elementary/Secondery (0-12)	Cotlege (1-4	(or 5+)	life. L	NOT use	done retin	during most	of workir	ng					
gien	Ö	7	Ootogo (1 4	101 34)	Ta	vern (Own	er			Taver	n Est	tab1	ishm	ent
Vental Hy rkad othe tic event	To Be	17. Fether's Name (First, Middle, Las Edward C. Newton								(First, Middle, Taylor	Meiden Su	mame)			
s 27 is me er traume		19a. Informent's Name/Relationship Edward E. Newton								Route Number Cheste					L620
nent of He int: If Item iry or oth		20a. Method of Disposition 1		d(e)		sition (Nementory or other		April	4. 1	Date	20c. Locat				land
Medical Medical for use as the buriel-trensit		23a. Part f. Enter the disease, or conshock, or heart failure. List onto the shock of heart failure. List onto the shock of heart failure. List onto the shock of heart failure. List onto the shock of heart failure. List onto the shock of heart failure cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	a	Due to (or as a	13 Conot enter Consequence a consequence consequence consequence	O Speed of the mode uence of):	er of dy	Road, ing, such as a	Ches cerdiac or		n, Man		d 2		e ween
the e	ysic	Part II. Other significant conditiona	contributing to deat	h but not resulting	in the un	derlying cau	use gi	iven in Part I.		23b. Dld t	obacco use	contribu	te to th	e cauaa c	of death?
gned by the etten be detached for u	Dy P.D	Teriphene vasa	uelar de	inase	- p	उट एन्ड	ee.	s Acc			/es 2□1	No 3D	Probab	ly 4□	Unknown
bloods bhould		acceptation R				ypert	50	pluje	Rub	24a. Wes	an autopsy med?	24b	avaita	autopsy f ble prior to etion of c th?	0
page 2 :	5	bradder neck	0657	notion						1 🗆 Y	es 2 N	10	1 🗆 Y	es 2□	No
certificate rector, par		25. Was cese referred to medicei		0,00	_			26. Place	of Death	(Check only o	nel			-	
	0	examiner?	Hospital:	atient 2 ER/C	utnatient	3□ DOA	Ot	hon		ne 50 Resid		Other (Sn	nacihi)		
h. After thi funeral		27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of I (Month,		Time of Injury		. Inju		2	8d. Describe h			ecity)		
rs efter death. al Director: After the din by the funeral Certification.		3 Suicide 6 Could not to determined	286. Place of	injury - At home, f etc. (Specify)	arm, stre	et, factory, o	office		2	8f. Location (S City or Tow		um <i>ber or l</i>	Rural Ro	oute Num	ber,
he Funer pletely fill	בחוכפו	29e. Certifier 1 Certifying Pt (Check only one) 2 Medical Example	nyalctan: To the be miner: On the basis and manner	or examination a	e, deeth nd/or inv	occurred et estigation, in	the ti	me, dete end opinion, death	place, ar	nd due to the o	ause(s) end late end pta	d menner a	as state ue to the	d. e ceuse(s)	
To the comp	3	29b. Signature and title of certifier				29c. l	Licen	se number			29d. Date si	gned (Mor	nth, Dey	, Year)	
2)	62/200	un al	in		Do	0	354	-		41	319	7		
		30. Name and address of person who	completed ceuse of	of deeth (Item 23e)	(Type, F	Print)		kester	tou	m, me	1 21	1620	0		
State												-			
2.	5	Mame and address of person who	1 KON	of deeth (Item 23e)	מנגו	Print)	0	354			41	319	7	r, Yee	ir)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Dev MARGARET FLORENCE PERRY MANCH 21,1991 0044 NUTTALL /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Societ Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Deys Hours 1 □ M 2 🛛 F 216-07-6865 Yrs Director January 4,1918 Connecticut Usuel Residence of Decedent tha Maryland 10a State 10b. County 10c. City, Town or Location r than "natural", or items 23e or 28a-f ahow the Medical Examiner must be notified at 10d. Inside Cttv Limits Director Maryland Wicomico 1 ☐ Yes 2√ No Mardela Springs 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? with 11520 Sharptown Rd. 21837 USA Completed by Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian. Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 ☑ No Specify: Specify: 3 X Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Waitress Restaurant marked other 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill ment of Health and Mental Hyant: If Itam 27 Is marked oth jury or other traumatic event Be Edward William Perry Maude Lankister 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles E. Nuttall JR./son 244 Madison Ave., Apt. 3E, New York, NY 10016 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 X Buriel 2 Cremetion 3 Removel from State Dapartment of Important: If any Injury or 5 ☐ Other (Specify) 4 Conetion Riverton Cemetery 3/29/97 Riverton, MD 21. Signature of Funerat Se 22. Name end Address of Fecility DCB MO1051 Holloway Funeral Home 23a. Part 1. Enter the disease, or complications that Jaused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart fellure. List only one ceuse on leach line. 501 Snow Hill Rd., Salisbury, MD 21804 **Physician** CARDIO GENIC Shocks Immediate Cause (Finel disease or condition resulting in deeth) /Medical one sty Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest burial-tran and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai the Due to (or es e consequence of): Per II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? HISTOR Blodda signed by 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings eveitable prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 1 Yes 2 No After this cartificata SWOZ 1 Yes Hospital or Attending Physician: Be (25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 27. Menner of Deeth Medical Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Place of fnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 I Homicide within 24 hours a

To the Funeral D

completely filled Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end ptece, end due to the ceuse(s) and menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29a. Certifier (Check only one) å 29b. Signeture end title of certifier 29c. License number all mo 30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print) Versething Dave, SAls NO 21804 1104 State Registrar

State of Maryland / Department of Health and Mental Hygiene 0.7

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						Certificat	e of	Death		Reg. No.	1	11220
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	and		Usuel Residence of Decedent 10a. State 10b. County		10c. City. To	own or Location					10	d. inside City Limits
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2-0	hin 72 ho a. "natura Medical	ted	15. Decedent's Edu	cation	10	Sa. Decedent's Usua	el Occup	pation	rkina	16b. Kind of B	usiness/Indu	ustry
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Maryland	Mental Hygier Mental Hygier Brite event, the	To Be C	17. Father's Name (First, Middle, Last) Thomas S. P	arks					me (First, Middle 211a Eva	n, Meiden Surnan	ne)	
ary	S E E	-	19a. informant's Name/Relationship (T)	rpe, Print)		9b. Mailing Address						
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Baltimore,	I of H		20a. Method of Disposition 1	lemovel from Stete	ceme	of Disposition (Ner fery, cremetory or o	other pla		Date	20c. Location -		
Ħ E	tant:		4 ☐ Donation 5 ☐ Other (Specify)		Priv	ate Famil	-		1/1/97	Tangie	er, VA	
Bal	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra once.		21. Signature of Funeral Service Licens	11114//1	1	Brad	Isha	ess of Fecility W & Sons				
			Robert H. Brad		, , , , ,			Main St.				1817
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OU	ding h. After fune	tion	Natural 5 Pending	(Month, Day	Year)	Injury	28c. Inju Wo	rk?]Yes 2 □ No	260. Describe	how Injury occur	red	
N S	Attender deat	flca	3 Suicide 6 Could not be	28e. Place of Injur	y - At home.	farm, atreet, factory			28f. Location	Street and Numb	oer or Rural	Route Number,
á	s afta	Certification:	4 Homicide	building, etc.	(Specify)				City or To	wn, State)		
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical (29a. Certifier (Check only one) Certifying Phys	sician: To the best of her: On the basis of e and menner state	exemination	ge, death occurred and/or investigation	at the ti	me, date end plece oplnion, death occu	, and due to the rred at the time,	cause(s) and me date end plece,	and due to	ited. the cause(s)
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			1 Bus	2	2	7 -)1-	1181		3-2	9 - 97	
			30. Name and address of person who ad	mplated cause of dea	ath (Item 23a	-	-					
		-2	DV. Bal K Agavu	sal 6/40	East	ern Sho	re	Drive.	Salis	bury, M.	1.215	rol

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State of Maryland / Department of Health and Mental Hygiene 229 Certificate of Death 1. Decadant's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Vac Dimitrios Pectelidis March 31 1997 0120 hrs /Medical 4e. Fecility Nama (If not institution, giva street end numbar) 4h City Town or Location of Deeth 4c. County of Deeth Examiner The Kent & Queen Annes Hospital Inc. Chestertown Kent If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Yeer)
April 20,1944 6. Sax 1 ☑ M 2 ☐ F 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funerai** Months Director 059-38-6986 52 Greece Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location ral", or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1 XYes 2 □ No Millington Directo Maryland Kent 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 189 N. Sassafras St. 21651 Greece Funerai 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Year or Dates: 11. Merital Stetus 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours after of Department of Heelth end Mental Hygiene. Important: If Itam 27 Is merked other than "natural", or Ner any injury or other traumetic event, it as Medical Examena-1 Never Married 2 Married 1 ☐ Yes 2 ☑ No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 Restaurant Owner/Operator Food 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Surname) 2 Haralambos Pehtelidis Theresa Papadopoulos 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Anna D. Pectelidis/Wife 189 Sassafras Street, Millington, Maryland 21651 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Asbury Cemetery/April 5, 1997 Millington, Maryland 21. Signeture of Funeral Service License 22. Neme end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest Approximete Interval Between Onset end Deeth **Physician** Sdarp /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Nou Sural Coll Concord burial-transit Sequentielly list conditions, if any, leeding to Immediata ceuse. Enter Undarlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical the Due to (or as e consequence of): Pert fl. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Dfd tobacco use contribute to the cause of death? signed by t d be detech 1 XYes 2 No 3 Probably 4 Unknown A. fib, Anomia Be Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings avellable prior to completion of causa certificate hes t lirector, page 2 s 2 No 1 ☐ Yes 2 No 1 🗆 Yes To the Hospital or Attending Physician: within 24 hours after death.

To the Funaral Director: After this certifica completely filled in by the funaral director, 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2N No tXXnpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 XX eturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide **Exertifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, date and plece, end due to the ceuse(s) end menner steted. 29a. Certifier 29b. Signeture and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) March 31st. 1997 D0050996 30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print) Neil Stoddard, MD, 100 Brown Street, Chestertown, Maryland 21620

32. Registres Signeture

Funa Davidson Randelle

Registrar **DHMH 16 Rev 6/95**

State

31, Dete filed (Month

the Maryland

death

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital

and

attending physician

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.7 | 1.2.3.0

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and was		10a. Stata 10b. County		10c. City, Town o	r Location				10d	. Insida City Limits
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Baltim pemil. Pa Department important: any injury		21. Signature of Funeral Service Licens		MANUKI	N PRESBYTE 22. Nama and Add		03/25/97	PRINCESS	ANNE, M	D .
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Di To the Hospital or Within 24 hours effe To the Funeral Dir completely filled in	edical (29a. Certifiar 1 Certifying Physical Control Check only Check only Cone)	sician: To the best of ner: On the basis of and manner sta	axamination and/o	eeth occurred at tha t r invastigation, in my	lma, data and plac opinion, daath occ	ce, and dua to tha co curred at tha tima, d	ausa(s) end ma ata and place,	annar as stete and dua to th	ed. a cause(s)
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		were	relie	1 M1	1 12	7/07/0		5/12	197	
		30. Name and address of person who or	empleted cause of de	eath (Itam 23a) (Ty	pe, Print) 105	Pine	Feler	4	d #	K
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State of Maryland / Department of Health and Mental Hygiene 97

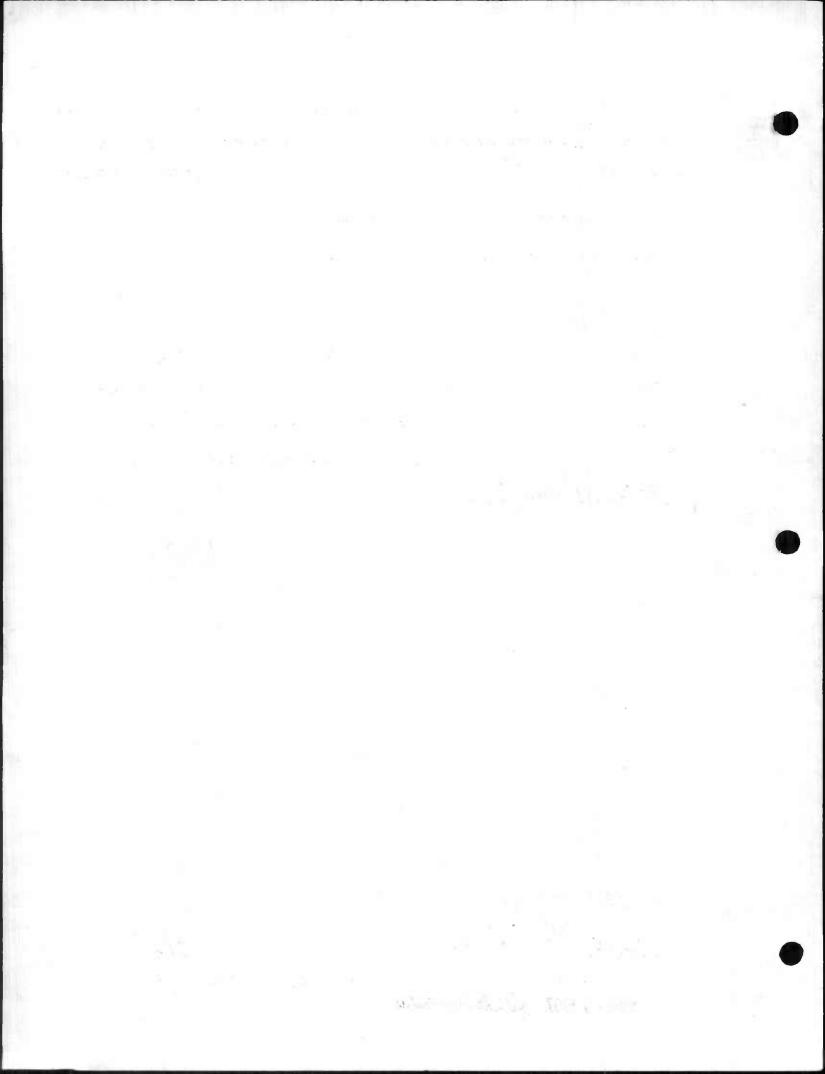
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				C	Certificate of	f Death		Reg. No.	,	11201
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hy Firneral		11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Wildowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 StYas 2 N It Yes, Give Yaar or Dates:		13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Sp ben, Mexican, Puarto Specify:	pecify Yas or No Rican, etc.)		ce - Americ ck, White, by: Wh:	etc.
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	2	20a. Method of Disposition		20b. Place of Di	sposition (Neme of cremetory or other pl	ece)	Date	20c. Location	- City or To	own, State
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any injury or		5/9/	10	01001		Funeral				
	-	23a, Part 1. Enter the disease, or com-	polications that pused		501 Snow	Hill Rd.	, Salis	bury, M	D 218	Approximate
		23a. Part1. Enter the disease, or comshock, or heart failure. List only	one ceuse on each lin	e.	anter the mode of dy	ring, such es cardiac	or respiratory er	rası,	1	Interval Between Onset and Death
lan ical		Immediate Cause (Final	1 - 7	_	- 0	0	-0 A			
ner		diseasa or condition resulting in death)	a. Heur	2 1	>cken	ic S	11200-	<u>e</u>	1	en Hours
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cian/Medical Examin			b. 17726	120- Sc	lerossis					
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Physician/									1	
NS.		Part II. Other eignificant conditions of	contributing to death bu	t not resulting in th	e underlying ceuse g	iven in Pert I.	23b. Did t	obacco uae co	ntribute to	the cause of death?
by Physician/		1 nobble	Necleo	~ 00	eall d	ouree	101	Yee 2 No	3 Prol	bably 4 Unknow
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g.		. 00			1	6-1	Amoult	720W		deeth?
comparaty littled in by the fundarial director, page 2. Medical Certification: To Be Compl	1	AND freluo	vary ZI	nbolus	-/ Recen	X (C) Clay	1 Y	es 20 No	10	Yes 20 No
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ü		7. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Date of Injury (Month, Dey	Year) 28b. Time		ury at	28d. Describe h	now injury occur	red	
atic	1	2 ☐ Accident Invastigatio	n			Yes 2□No				
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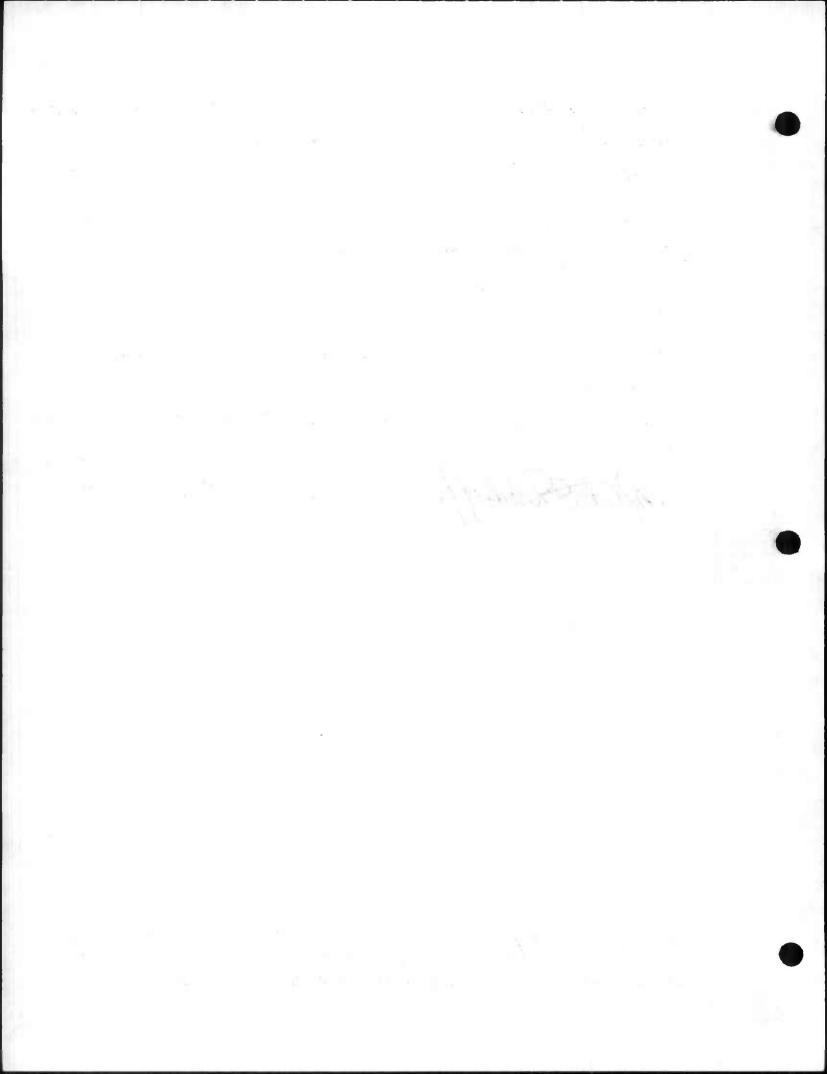
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State of Maryland / Department of Health and Mental Hygiene 0.7

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pu	0 = 0 5		17. Father's Name (First, Middle, Last)					18. Mothar's Name (First, Middle, Meidan Surneme)							
Maryland and Should lith and Men			William Fisch	er					Myrtle	L. Lippa	n				
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	C = N -		E. Robert Pem	sel, 3	Jr./Son		9206	Victor	ia Drive,	Ellicott	City,	Mary1	and 21042		
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Division of Vital Records, To the Hospital or Attanding Physician: The law requires to	r this eral di		27. Menner of Deeth	28a. Deta of Injury (Month, Dey Year) Content 2 ER/Outpatient 3 DOA Current 4						oma 5 Rasida 28d. Describe ho			,		
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	To the Hospital or Attanding Physician: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		(Check only 2 Medic	al Examine	r; On tha basis	or axamına	wiedga, daath tion and/or Inv	occurred at the astigation, in m	time, deta and ptaca y opinion, daath occu	, and dua to tha co rrad et tha tima, d	ausa(s) end ma ata and plece,	and dua to	ited. the ceusa(s)		
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			30. Name end address of pers								-				
			Robert Hughes		700 Mo	ntclai	ire Ave	nue, Fi	rederick,	Maryland	21701				
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	Registra	ar	tituis (A	T 100	0		AND B. MOR	all!							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Day 1997 Month March 18, 7:00 P.M. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Frederick Memorial Hospital Frederick Frederick 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) Birthplaca (Stata or Foraign Country) **M** 2□ F Months Days Hours 234-26-1415 Yrs. May 16, 1922 West Virginia Usual Rasidenca of Dacedant 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2□No Frederick Frederick 10f. Zip Coda 10g. Citizan of What Country? 6438 Mt. Philip Road 21703 United States 12. Was Decedant Evar in U,S. Armed Forcas?

XAYAS 2 \subseteq No If Yas, Giva Yaar or Datas: WW I I Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2√No Specify Specify: 3 Widowed 4 Divorced White. 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education
(Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechanics Supervisor Manufacturing 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Anthony Perry "unknown" Sara 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Wilma R. Fonner Perry. wife 6438 Mt. Philip Road Frederick, Maryland 21703 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cemetery, crematory or other placa) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Mt. Olivet Cemetery 3/21/97 Frederick, Maryland 22. Nama and Addrass of Facility Stauffer Funeral Homes, P.A. 21. Signature of Funeral Service Licen 1621 Opossumtown Pike Frederick, MD ath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, ADENOCARCINOMA OF THE RECTUM 21/2 YEARS Due to (or as a consaquanca of): Saquantially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Diseasa or Injury that Initieted avants rasulting in death) Last Dua to (or as a consaguance of): Dua to (or as a consequanca of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown 24b. Ware eutopsy findings availabla prior to complation of causa of death? 24a. Was an eutopsy parformed? 1 ☐ Yas A No 25. Was casa rafarrad to medical axaminar? 26. Pleca of Daath (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Spacify) 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Yas 2 No 6 Could not ba 28e. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, end due to the causa(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License numbar D 3/76/

29d. Date signed (Month, Day, Year)

FREDERICK MD

Examiner Box 68760. P.O. I Records. Division of Vital

be axecuted the bunai-transit attanding physician 88 certificate To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certifica compiataly

Physician

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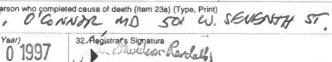
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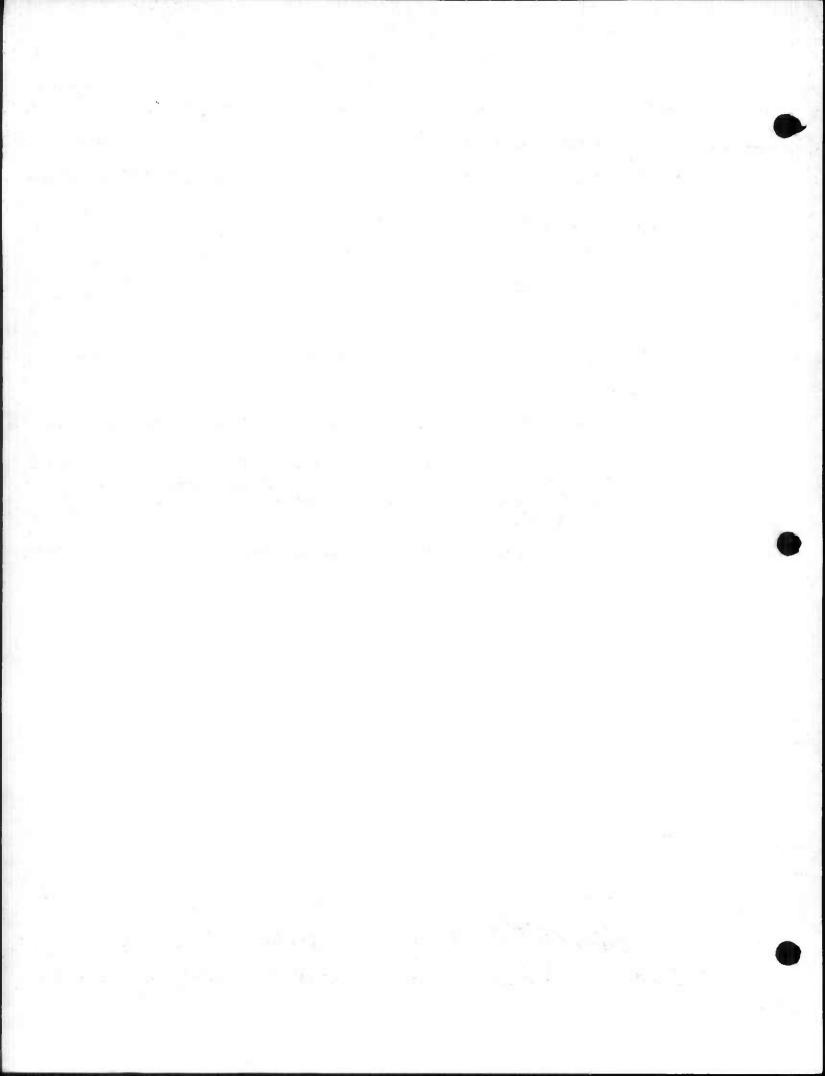
29a. Cartifier

State Registrar

31. Data filad (Month, Day, Yaar) MAR 2 0 1997

29b. Signature and time of certifier





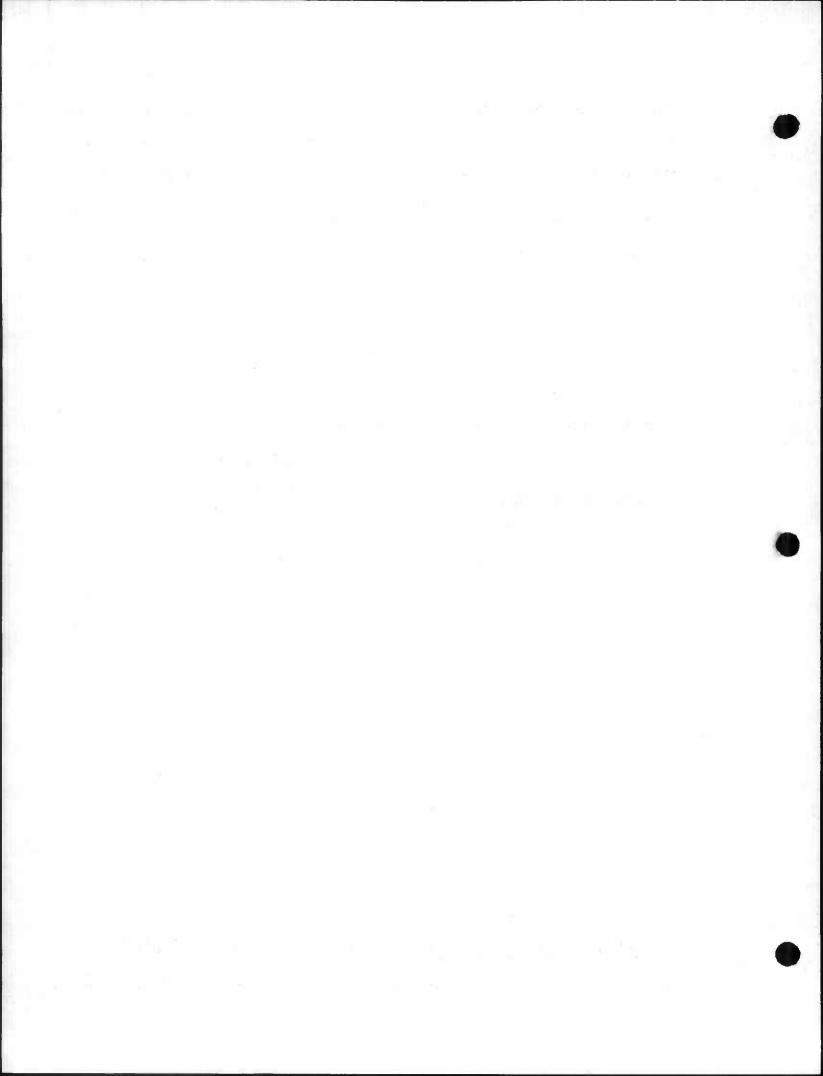
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APR CIRC

State of Maryland / Department of Health and Mental Hygiene 97

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23s or 28s-f show and interportant: If item 27 is marked other than "natural", or Items 23s or 28s-f show and interportant: If item 27 is marked other than "natural", or Items 23s or 28s-f show and interportant: If items 21s or 28s-f show and interportant: Items 23s or 28s-f show and interportant interportan	To Be Completed by Funeral Director	Usual Residence of Decedent 10a. State 10b. County Maryland Fred 10e. Street and Number 4412-B Jefferson 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's Ed (Specify only highest green Elementary/Secondary (0-12) 4 17. Father's Name (First, Middle, Last)	Remsber e street and number) al Hospital ex 7. Age (In yr. 74 lerick 10c. C lerick 12. Was Decedent Ever in Armed Forces? 1 Yes, Give Year or Dates: lucetion de completed) College (1-4or 5+) Sworthy BEAC	S. last birtho Yrs City, Town o	Month or Location 10f. 7 13. Was Dec If Yes, sp	Jed Zip Code 2 Decident of Foecify Cub 2 XNo 2	Frederi If Under 24 Hrs Hours Min. fferson 1755 Hispanic Origin? (San, Mexican, Puer	8. Date of Birth (Month, Day, Nov. 3, 1	Day 199 4c. County Fr Yeer) 922 14. Rac Blac Specify	Year 7 8 y of Death ederick 9. Birthplace Country) Mary1: 10d. In 1 What Country? S.A. De - American Inck, White, etc.	(State or Foreig and Inside City Limit □ Yes 2 No.
of Heard 2 should be filed within 72 hours efter death with the Maryland of Hearlish and Mental Hygiene. I filem 27 is merked other traumetic event, the Maryland in the control of the c	To Be Completed by Funeral Director	4e. Facility Name (If not institution, give Frederick Memoria 5. Social Security Number 6. S 215-34-3704 1 1	e street and number) al Hospital ex	S. last birtho Yrs City, Town o	Month In Location 10f. 2 13. Was Decilif Yes, si 1 Yes Recedent's Use Sive kind of view o	Jed Zip Code 2 Decident of Foecify Cub 2 XNo 2	Frederi If Under 24 Hrs Hours Min. fferson 1755 Hispanic Origin? (San, Mexican, Puer Specify:	March 3 Location of Death Ck 8. Date of Birth (Month, Day, Nov. 3, 1	4c. County Fr Yeer) 922 14. Rac Blac Specify	of Death ederick g. Birthplace Country) Maryl: 10d. li 1 What Country? S.A. De - American Inck, White, etc.	(State or Foreig and nside City Limit □ Yes 2 N.N.
as 1 and 2 should be filed within 72 hours efter death with the Maryland Of Health and Mental Hygiene Harles and Health and Mental Hygiene Harles 23a or 28a-f show and filem 27 is marked other than "natural", or Items 23a or 28a-f show and other traumatic event, the Magnetal Engineer man be not that at the control of t	To Be Completed by Funeral Director	Frederick Memoria 5. Social Security Number 215-34-3704 Usual Residence of Decedent 10a. State 10b. County Maryland Fred 10e. Street and Number 4412-B Jefferson 11. Marital Status 1 Never Married 2 Married 3 Widowed 15. Decedent's Ed (Specify only highest gre Elementary/Secondary (0-12) 4 17. Father's Name (First, Middle, Last) Elmer E. 19a. Informant's Name/Relationship (7) Janie F. Remsberg 20a. Method of Disposition 1 XBurial 2 Cremation 3 D	al Hospital 7. Age (In yn 74 10c. C lerick 10c. C lerick 12. Was Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: lucetion College (1-4or 5+) Sworthy BEAC	Yrs City, Town of U,S.	Month In Location 10f. 2 13. Was Decilif Yes, si 1 Yes Recedent's Use Sive kind of view o	Jed Zip Code 2 Decident of Foecify Cub 2 XNo 2	Frederi If Under 24 Hrs Hours Min. fferson 1755 Hispanic Origin? (San, Mexican, Puer Specify:	ck 8. Date of Birth (Month, Day, Nov. 3, 1	Yeer) 1922 19. Citizen of V 14. Rac Blac Specify	ederick 9. Birthplace Country) Maryl: 10d. II What Country? S.A. 29. American Inck, White, etc.	(State or Foreig and nside City Limit □ Yes 2 N.N.
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permit. Pages 1 and Department of Health Important: If item 27 any injury or other it		20a. Method of Disposition 1	,Daughter-in-					rel Route Number,			
pemit. F Departme Importan any injur	-		Removal from State	Place of D cemetery,	isposition (A crematory o	lame of r other pla	ce)	Date 2	0c. Location -	City or Town,	State
Depa Impo any i	- 1	21. Signature of Funeral Service Ligen		liers				oril 3, 19	9/ Jei	ierson,	Maryl
		Dellan H	Ruby_MO	0703	Keene 106 H	ey &	Church St	P.A. Fune	ederic	me k, MD 2	1701
		23e. Pert1. Enter the diseese, or comp shock, or heert failure. List only	olications that sused the decone cause meach line.	ath. Do not	enter the m	ode of dyi	ng, such as cerdiae	or respiretory erre	st,	Inte	roximate rval Between
Physician /Medical Examiner	- 1	Immediate Cause (Final disease or condition resulting in death)	a. Probable Due to	. mi	10Car	dia	1 infar	etion			nutes
je je	<u>ē</u>		1				,				00.00
executed in end ial-transit	Ē	Sequentially list conditions	b. Hyperter Due to	Or as a cor) enguence o	MICH				14	ears
exection and an end of the first fir	LX.	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	1/2 - 0. 0/2	0. 10	la la					1	200
ficate be physicial sthe bur	ca	triat irritiated events	c. Typer Cho	COSTO	sequence of	nua				9	ears
- 00	ξ	resulting In death) Last	d	01 43 0 0011	384081108 01					/	
death e etter ed for u	2	Part II. Other algoritisant conditions as	antilhuding to double had not see	audia a la M	a constant de la c		and a David	ADL DIALL			
d by the		Part II. Other algnificant conditions of	entributing to death but not re	suiting in th	ie undenying	g cause gr	ven in Part I.	1 Ye		ntribute to the	
been sign should be								24a. Was an perform	autopsy ed?	avallabl	utopsy findings le prior to tion of cause
The law sete has be page 2 s	Ē							1 □ Yes	2 No		
certificete rector, pag		25. Wes case referred to medical					00 81			1 □ Yes	s 2 No
		examiner?	Hospital:	100		Oth	her.	ith (Check only one	-	(0 1/1)	f
6 2		27. Manner of Death	1 ☐ Inpatient 2 €	ER/Outpe		28c. Inju	4 LI Nursing F	ome 5 Resider			
After After funer	0	1 ■ Natural 5 ■ Pending 2 ■ Accident Investigation	(Month, Day Year)	Inju		Wo	rk? Yes 2⊡No		,,		
To the Hospital or Attending Prother Jack Hours effer death. To the Funeral Director: After I completely filled in by the funeral Medical Certification:	Solicide Solicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)							28f. Location (Stre City or Town,		per or Rural Rou	ite Number,
within 24 hours effective to the Funeral Director Sompletely filled in Medical Cert		29a. Certifier (Check only one) Certifying Phy	ysician: To the best of my kn ilnar: On the basis of examin end manner stated.	owledge, de ation and/o	eeth occurre r investigation	ed at the tie on, in my o	me, date end place opinion, death occu	, and due to the cer rred at the time, da	use(s) end me te and place,	enner es stated end due to the	ceuse(s)
Withir Comp		29b. Signature and title of certifier			2	9c. Licens	se number	29	d. Date signe	d (Month, Day,	Year)
0		Hathlann 1.	1 Char M	n		カス	フクフマ		3/3/10	77	
	-	30. Name and address of person who co	J ORAN II.	m 22a) /T	Do Brist	VJ.	2015		101/7	/	
		JU. INATHE AND ADDITIONS OF DEISON WHO C	completed cause of death (Ite	m 238) (fy	pe, Print)						
State	3	Valhloon 10 5	urn. MII ($\Omega / U I$	I L L AND	0.1	e, Brui	Cuint	Wan	217	11.



State of Maryland / Department of Health and Mental Hygiene 97

						C	ertificate	e of i	Death		Reg. No.		
Physi /Me	ician dical	1. Decedent's Nen ROY	ne <i>(First, Middle, L</i> RAY	Last)						2. Dete of De Month MARCH	oeth 30, 19	9 ^{Yeer}	3. Time of Deeth 11:00 AM
Exan			ick Memo						tb. City, Town, or Freder	ick	Fr	y of Deeth ederi	.ck
Funera Directo		5. Social Security N 578-07-2 Usuel Residence of	2924	Sex 1□XM 2□ F	7. Age (In y	rs. lest birthdi 89 Yrs	Months	1 Year Days	If Under 24 Hrs Hours Min.	(Month, De	rth ey, Year) ', 1908		olece (Stete or Foreign htry) yland
the Maryland 28a-f show	tor	10a. State Maryland	10b. County	ick		city, Town or Freder				7.00		1	0d. Inside City Limits
th with the 23a or 28	Funeral Director	10e. Street end Nu 990 Wate	erford Dr	cive			10f. Zip	Code 2 17 0)2		10g. Citizen of U.	Whet Cour	ntry?
72 hours efter death with the Maryland netural', or frems 23a or 28a-f ehow Acal Exprener must be notified at	by	11. Marital Status 12. Was Decedent Ever in U,S.						en, Mexican, Puer	Specify Yes or No to Rican, etc.)		ce - Americ ock, White, fy:		
in 72 h	Completed	(Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Body & Fender Mechan					ation during most of wo	rking	16b. Kind of E	Business/In	dustry		
2 should be filed within 72 hours and Mental Hygiene. • marked other than "natural", surnatic event, the Musical Exa	Com	17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Me							Automo		Repair		
id be fil ental H ked oth	To Be		(First, Middle, Las	st)		RAY					i, Meiden Sumai Jane	me)	CARTER
d2 thar 7 le	of Health ar Item 27 le other treu	19e. Informent's N	· ·		hter		_		end Number or R				
Pages 1 and of Heart of Heart of Heart or other		Mrs. Peggy Pitrone, Daughter 3822 Wine Road, Westminster, Maryland 2 20e. Method of Disposition 1 Burlal 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Parklawn Mem Park Apr 2, 1997 Rockville,											
permit. Page Depertment of Important: If any injury or	Succ	21. Signeture of Fu 23a. Parf1. Enter is shock, or hee	1 6	20	MC MC	00706	Keene 106 Ea	y &	ss of Fecility Basford	P.A. Fu	meral H rederic	ome k, MD	
Physician /Medica Examine	i –	shock, or hee Immediate Ceuse disease or condition resulting in death)	(Finel						teremi	c or respiratory e	niesi,	-	Approximete Interval Between Onset end Deeth
pel list	Examiner			ь. А	trial	fibre.	lation						3 dh 33
certificete be executed iding physician and ise as the bunel-trensit	/Medical Exar										3 days.		
C 3				d	anal	teril	me.						
t the d by the tached	Physician	Pert II. Other eignit	ficant conditione	contributing to de	eth but not r	resulting in the	underlying ce	use giv	en in Pert I.			_	the cause of death? bably 4 Unknown
aw requires ts been sign 2 should be	Completed by										en eutopsy ormed?	av co	ere eutopsy findings eileble prior to mpletion of cause deeth?
ifficate or, pag	Be Con								1 Yes 2 No		Yes 2□ No		
Sert sect	8	exeminer?		Hospital:	_			Oth	20. 1 1000 01 00	and Condex Only	0110)		

Division of Vita To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director,

1 ☐ Yes 2 ☐ No

27. Manner of Deeth

Naturel 2 Accident

3 Suicide

29e. Certifier (Check only one)

4 Homicide

Medical Certification: To

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and manner stated.

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

29b. Signeture end title of certifier

5 Pending investigation

6 Could not be determined

29c. License number 29d. Date signed (Month, Dey, Year) 97 046248

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name end eddress of person wh empleted cause of deeth (Item 23e) (Type, Print)

Tierce Marthe 110 Baughmans Lane, Frederick, Maryland 21702 31. Date filed (Month, Day, Year) MAR 3 1 1997

2 ER/Outpetient 3 DOA

28b. Time of

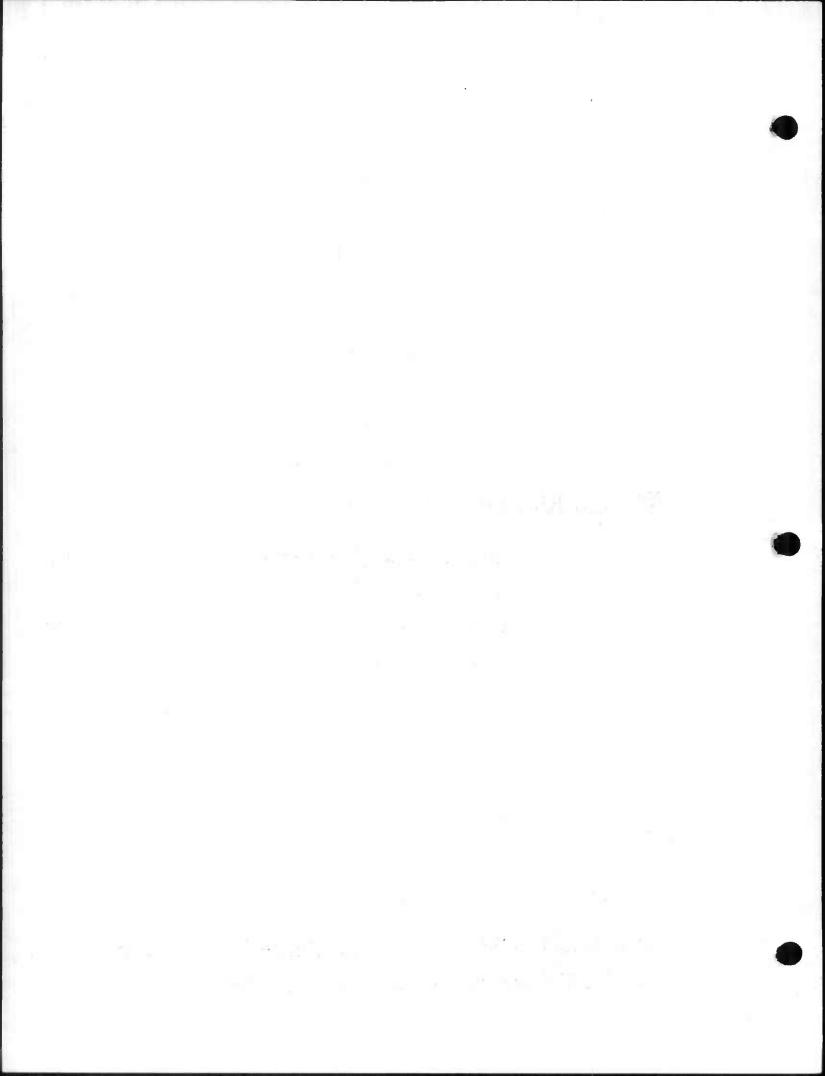
28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Injury

State Registrar

10 Inpatient

28e. Dete of Injury (Month, Dey Yeer)



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					Cen	tificate of	Death		Reg. No.		11200
Dhysisia		1. Decedent's Neme (First, Middle,	Last)					2. Dete of D Month		Year	3. Time of Deeth
Physicia /Medica	_	Amy Robinson Re	ead					March	29, 199	7	8:35 p.m
Examine		4a. Fecility Neme (If not institution,		r)			4b. City, To	own, or Location of Dee	th 4c. Count	ty of Deet	h
	u	Heron Point				K Haday 1 Vaav		stertown	Ke		
Funeral Director		5. Sociel Security Number 215–32–9836 Usuel Residence of Decedent	1 M 2 F	100	Yrs.	Months Deys		Min. 8. Date of 8 (Month, D	ay, Year)	9. Birti Co 1896	nplece (State or Fore untry) Pennsylva
ž		10a. State 10b. County		10c. City, To	own or Loc	ation					10d. Inside City Lim
f sho	0	Maryland Ken	t.		stert						12 Ves 2 □ I
28a	Director	10e. Street end Number							10a Oliman of	What Ca	
23a or	ral Dir	2012 Heron Poi	nt ·			10f. Zip Code 21620			10g. Citizen of U.S.A		untry?
100	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes	?] No		/es Decedent of Yes, specify Cub ☐ Yes 2√☐ No		lgin? (Specify Yes or N n, Puerto Rican, etc.)	o- 14. Ra Bla Speci	ack, White	rican Indien, e, etc. hite
netu	Completed	15. Decedent's (Specify only highest)	Education	16	Se. Decede	ent's Usuel Occu ind of work done O NOT use retire	petion	at of working	16b. Kind of E	Business/f	ndustry
. P	np.	Elementary/Secondery (0-12)	College (1-40)	15+1				i or working		10	7.7
4 4	0	12	2		Homen	naker/Ar	tist		Domesti	.c/Uw	n Home
rked oth	To Be	17. Fether's Neme (First, Middle, La Ralph Robinson	st)					er's Name (First, Middl n Gowen	e, Maiden Surna	me)	
27 is ma		19a. Informent's Name/Relationship Francės R. Bal						er or Rural Route Num stertown, l			
tant: If Item		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spe	city)		eake	Cremati	on Ce	il 1, 19 97 nter, LLC/			
impor any ir		21. Signature of Funeral Service Lic	2/11/1	· >	Fo1	Name end Addre	olfon	hein & New	nam Fune	ral	Home, P.A
		23a. Pert1. Enter the disease, or co shock, or heart failure. Lini on	moleculars that cause	ed the death. D	o not enter	the mode of dyl	ng, such es	cardlec or respiretory	vii, Mary	Tand	Approximate
sician		snock, or near failure. List on	ly one cause on each	line.							Onset end Deeth
ledical	1	Immediete Ceuse (Finel	PNE	umon	1,4					1	~ D.
aminer		diseese or condition resulting in death)	e	CONCON	. //						5 days
	6			Due to (or es	e consequ	ence of):					· ·
physician end	edical Examiner		b			F				-	
ai-tre	Xa	Sequentially list conditions, if eny, leading to immediate		Due to (or es	e consequ	ence of):					
bun	<u>e</u>	ceuse. Enter Underlying Ceuse (Diseese or Injury	C							i	
the the		thet initiated events resulting in deeth) Lest		Due to (or es	conseque	ence of):					
din 6	Σ		d.							i	
d for use as t	Physician									1	
the hed	310	Pert II. Other significant conditions	contributing to death	but not resulting	in the und	derlying cause gi	ven in Pert	. 23b. Did	tobacco use co	ontribute	to the cause of dear
been signed by the should be detached	=	HIP FRACTI	IRE					1	Yes 2 No	3 □ Pro	obably 4 Unknown
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		Helen Noble, 122	Speer Roa	ad, Ches	stert	own, Mai	ryland	21620			
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egistra		APK - 3	'97	Fulia Davi	dson-A	andell					

32. Registre's Signature

Julia Davidson-Rendelle

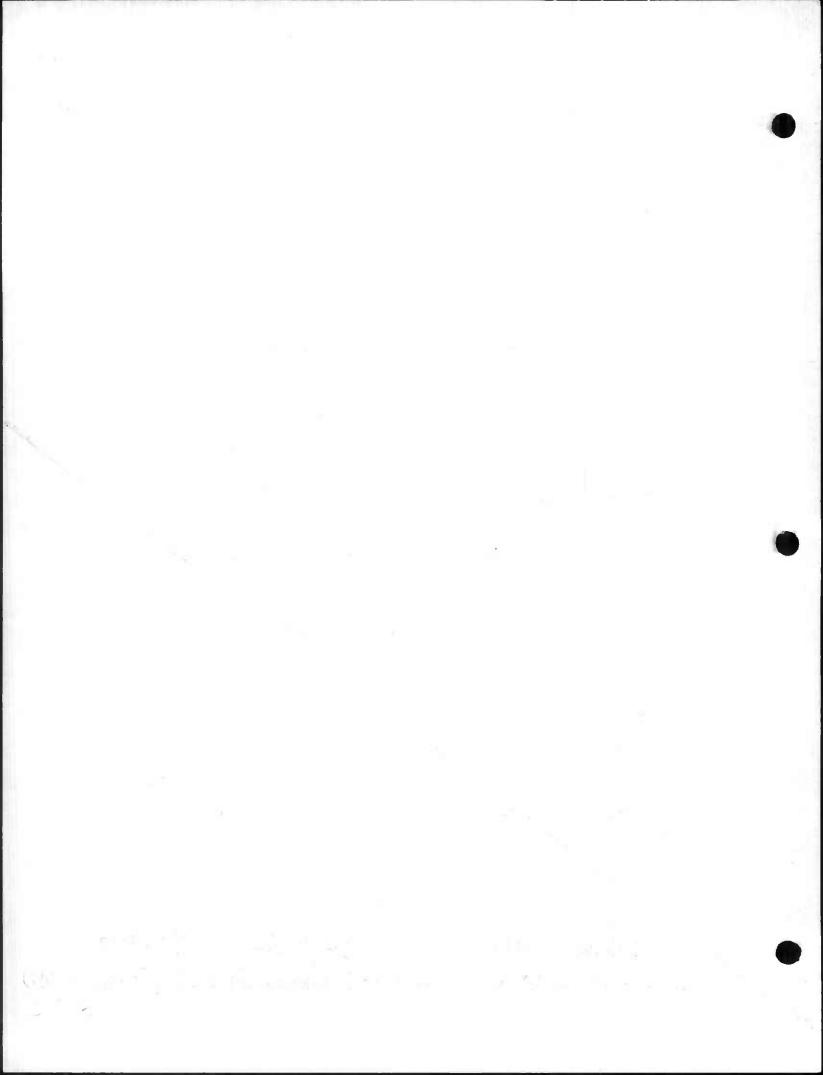
State of Maryland / Department of Health and Mental Hygiene 97 11239

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8 6	Maryland Ce	ecil	Cecilton					1 ☐ Yes 2 🛣
X 9 5	10e. Street and Number			10f. Zip Code		10	0g. Citizen of Wha	t Country?
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5 1 2	Daniel B. Rhode	es/Husband	6589	Augustin	e Herman	Highway,	Cecilton	n, Maryland
r other	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 CD	20b. Place of Dis	sposition (Neme of remetory or other ple	ice)	Date 2	20c. Location - City	
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been signed by the attendi should be detached for us- leted by Physiclan/				ies = d				Probably 4 Unkn
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this certificate al director, pag To Be Co	1 ☐ Yes 2 ☐ No		nt 2 ER/Outpati		4 Unursing F	lome 5 Tesider	nce 6 Other (5	Specify)
Director: After the by the funeral by the funeral ertification:	27. Manner of Death 1 Natural 5 Pendi 2 Accident invest	igation	y 28b. Time (Year) Injury	Wor	ry et rk? Yes 2 ☐ No	28d. Describe ho	w injury occurred	
To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com		nined 288. Place of Injuring	(Specify)	street, factory, office		City or Town,	Stete)	r Rurel Route Number,
y fi	29a. Certifier 1 Certifying (Check only 2 Medical one)	ng Physicien: To the best of Examiner: On the basis of end manner sta	examination end/or	eth occurred at the tir investigation, in my c	me, dete and place opinion, death occu	, and due to the ca rred at the time, de	use(s) end manne te end place, and	r as stated. due to the cause(s)
pletely fill	29b. Signeture and title of certifie	ər		29c. Licens	se number	29	d. Dete signed (M	onth, Dey, Year)
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To the Funaral Director: After this certifica completely filled in by the funeral director, Medical Certification: To Be (125000000	Shere davis h	D	Do	7129	2	9 mon	1997

State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Edgar William Rossig Jr. March 1997 8:32 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Frederick Frederick Memorial Hospital Frederick 5. Social Security Number If Undar 1 Yaar | If Under 24 Hrs. 8. Data of Birth Month, Day, 1915 9. Birthplaca (Stata or Foraign New Jersey 7. Aga (In yrs. last birthday) **Funeral 1** M 2□ F Months Days Hours 237-14-5817 82 Yrs. Director Usual Rasidanca of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. tnsida City Limits r than "natural", or Itema 23a or 28a-f ehow the Medical Examiner must be notified at Maryland Frederick New Market 1 Yas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 17 West Main Street 21774 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Amed Forcas? 20. 2 □ No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Spacify Yes or Notif Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian. Black, White, etc. 72 hours efter 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: White ρ 3 Widowed 4 Divorcad Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation 16b. Kind of Businass/Industry (Give kind of work dona during most of working lifa. DO NOT usa ratired) (Spacify only highest grada complated) filed within 7 Hygiene. Peges 1 and 2 should be filed withir nent of Health and Mental Hygiene. nt: if item 27 is marked other then Elementery/Secondary (0-12) Collega (1-4or 5+) Electrical Engineer Electronic Corp. 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surname) Be William ROSSIG, SR. Frederica ARNEMANN Edgar 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) 17 West Main Street, New Market, Md. 21774 Mrs. Jane M. Rossig, Wife 20a. Mathod of Disposition
1 □ Burial 2 □ Cramation 3 □ Removal from Stata 20b. Place of Disposition (Nema of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 50 permit. Pege Department of Important: if any injury or once. Smithsburg Crematory March 30, 1997 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Sarvica Licansee 22. Nama and Addrass of Facility
Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Maryland 21701 23a. Part1. Entar tha disease, or complications hat caused the death. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death **Physician** /Medical Immadiata Causa (Final racic Aneurysn disaasa or condition resulting in daath) Examiner Examiner the buriel-transit requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Diseasa or injury that Initieted avants rasulting in daath) Last and P.O. Box 68760. evose Physician/Medical Dua to (or as a consequanca of): ò Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of deeth? signed by t Yes 2 No 3 Probably 4 Unknown Records. 24b. Wara autopsy findings evallable prior to complation of causa of daath? Completed 24a. Was an autopsy performed? The law page 2 certificate hes 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was casa rafarrad to medical 26. Pleca of Death (Chack only one) Othar: 4 Nursing Home 5 Residanca 6 Othar (Specify) 1 Yas 2 No Hospital Inpatiant 2 ER/Outpatient 3 DOA To this 27. Manner of Death 1 Natural 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred After t the Hospital or Attanding I hin 24 hours effer death. the Funerel Director: After 5 Panding Investigation 1 ☐ Yas 2 ☐ No by the f 2 Accidant 3 Suicida 6 Could not be Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, ferm, straat, factory, office building, etc. (Spacify) 4 | Homicida To the Hospital o within 24 hours eff To the Funerel DI completely filled in Medical Certifying Phyelotan: To the best of my knowladge, death occurred et the time, date and plece, end due to the ceusa(s) and menner as steted.

2 Medical Exeminer: On the basis of exeminetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mannar stated. 29a. Certifier (Check only one) 29b. Signatura and Meyof cartifian 29c. Licansa number 29d. Qata signed (Month, Day, Yeer) 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) I homos Johnson Dr, Fredericte MD 31. Data filad (Month, Day, Year) 21702 Registrar



Amended Line 2 FCHD JLD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner buriel-transit end physicien s the buriel Box 68760. 8 ettending 9SN 0 Division of Vital Records, P.O. the signed by t peed page 2 s has certificate Hospital or Attanding Physician:
 24 hours efter death.
 Funeral Director: After this certifical Š To the To the To the F State

Certificate of Death 2. Date of Deathouse 1. Decedent's Name (First, Middle, Last) 3 Time of Death **Physician** 1997 4:15 P.M. Wilson RODERICK. Sr. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Frederick Frederick 3027 Thurston Road 5. Social Security Number 6. Sex 1 ☐ M 2 ☐ F If Under 1 Year If Under 24 Hrs. 8. Date of Birth Sept. 28, 1916 9. Birthplace (State or Foreign County) 7. Age (In yrs lest birthday) **Funeral** Months Days 219-36-4207 Yrs. Director Usual Residence of Decedent the Maryland 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be nothed at Frederick Frederick Maryland 1 Yes 2 No Director 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 6 death with 21704 3027 Thurston Road Items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Med call Examinant. 1 Never Married 2 Married White 1 ☐ Yes 2 No Specify: Specify. p 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Dairy Farmer Dairy Farming 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Eula I. Norwood Harry M. Roderick 0 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3027 Thurston Road, Frederick, Md. 21704 19a. Informant's Name/Relationship (Type, Print) Charlotte H. Roderick/Wife 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 20b. Plece of Disposition (Neme of Dete 20c. Location - City or Town, Stete Pleasant Hill Cemetery March 20, 1997 Monrovia, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility.
Keeney and Basford Funeral Home MQ0021 106 East Church Street, Frederick, Md. 21701 23a. Pert1. Enter the disease, or complications that callsed the death. Do not enter the mode of dying, such es cerdiec or respiratory arrest, shock, or heer feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth ADENOCARUNOMA OF THE Immediate Ceuse (Final 10 YEARS disease or condition resulting in deeth) Due to (or as a consequence of) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Dfd tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy performed? 1 Ves 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 □Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Yeer) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending 1 Yes 2 No 2 ☐ Accident investigation 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print) 581 W, SEVENTH ST 32. Registrer's Signature 31. Dete filed (Month, Day, Year)

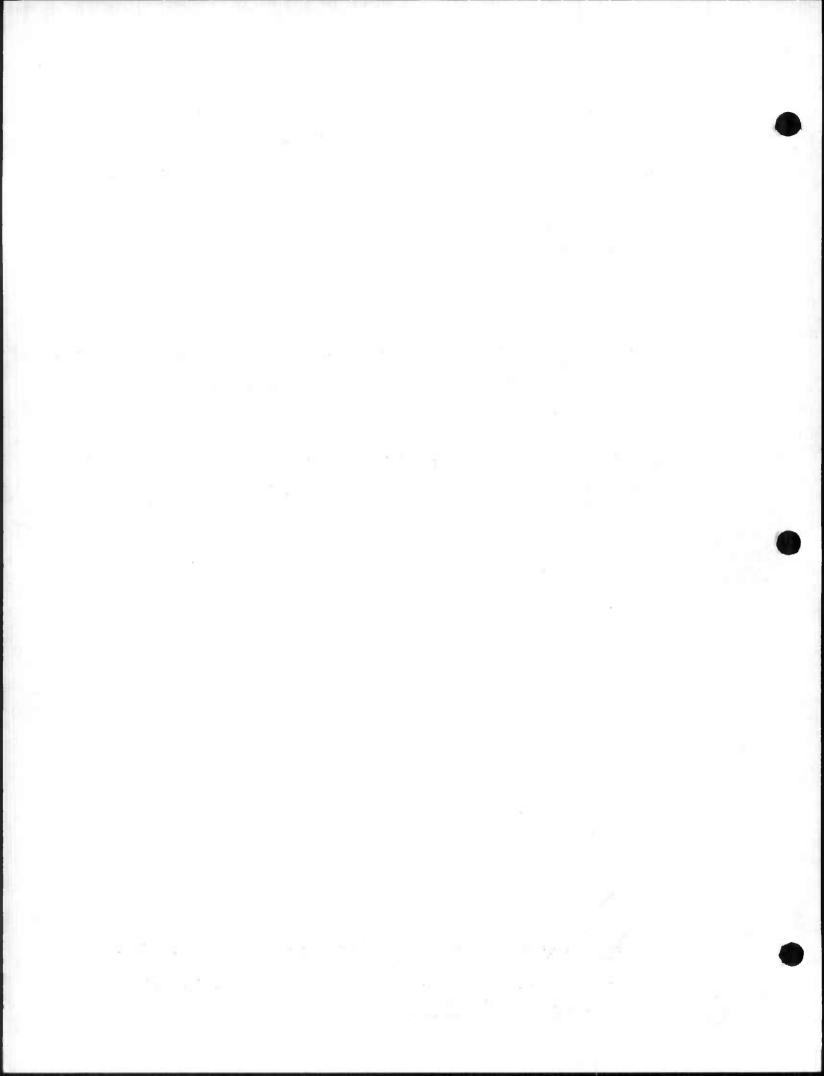
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Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 | 1242

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Exami		4a. Facility Neme (If not institution, git				1	4b. City, Town, c	r Location of Deat	-	. County	of Deeth		
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72 hours natural',	eted	15. Decedent's E (Specify only highest gr	ducation	16a. E	Decedent's Usue	ol Occup	ation during most of w	norkina	16b. K	ind of Bu	sinass/Ind	ustry	
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To the Hospital or Attending Ph within 24 hours aftar deeth. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)	ysicien: To the best of niner: On the basis of e end manner stet	exemination end/o	leeth occurred e or investigation,	t the tim	e, date end piec pinion, deeth occ	e, end due to the curred et the time,	ceuse(s) dete end	end men plece, er	ner es ste nd due to t	ted. the ceuse(s)
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	1	30. Name and eddress of person who	completed cause of de	eth (item 23a) (Tu		10	VO C				, 1//	,	
		Alan Weiss M.D.				l Ro	ad Anna	anolic A	m -	21/.01			
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510		NDD n A 10		1	Burla DO.								



State of Maryland / Department of Health and Mental Hygiene 1243 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Richard Tilghman Stenger March 1997 31 /Medical 5:31 a.m. 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Kent & Queen Annes Hospital Chestertown Kent If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. lest birthday) **Funerai** 9. Birthplece (State or Foreign Months Deys XXM 2□ F 217-28-3350 Director 65 September 23, 1931 Maryland Usual Rasidenca of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or Itama 23a or 28a-f show traumatic event, the Madical Examiner must be not led at 10d. Inside City Limits Director Maryland Kent Chestertown ty Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21620 Peges 1 and 2 should be filed within 72 hours efter death winent of Health and Mental Hygiene.
Instit if learn 27 is marked other than "natural", or Itama 23a mry or othar traumatic event, the Medical Examines must bry or othar traumatic event, the Medical Examines must be U.S.A. 201 North Queen Street Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indlen, Bleck. White, etc. 1 Never Married 2 Merried teryes 2□No If Yes, Give 1951-55 Year or Detes:1951-55 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Valve and Coupling Elamantary/Secondary (0-12) Collaga (1-4or 5+) Corporate Personnel Manager Manufacturing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Wilbur Jackson Stenger, Sr. Helen Connelly 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 North Queen Street, Chestertown, Maryland 21620 Bernadette T. Stenger/Wife 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State XXBurial 2 Cremetion 3 Removel from State permit. Pege Depertment of important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Chester Cemetery/April 3, 1997 Chestertown, Maryland 21. Signeture of Funeral Service License 22. Neme end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23a. Perf. Enter the disease, or completely attorns that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest shock, or heart failure. List only one cause on each line. Approximete Intervel Batween Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner e consequence of): Examiner sician and buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medicai the Due to (or es e consequence of) ate has been signed by the a page 2 should be detached in Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? NaYes 2 No 3 Probably 4 Unknown Records, þ Completed 24e. Wes an eutopsy performed? 24b. Were autopsy findings evellabla prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director. Be 25. Wes case referred to medical exeminer?

1 Yes 2 No 26. Pieca of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 □ DOA this funeral 28e. Dete of Injury (Month, Day Yeer) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? After 5 Pending Investigation Naturel s efter death. 1 Yes 2 No 2 Accident in by the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicida 24 hours 29a. Certifier Medical 🄁 Certifying Physician: To tha bast of my knowledga, daath occurred et tha tima, data end plece, end due to tha ceuse(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and menner steted. To the To the Comple 29b. Signature and title of certification 29c. License number 29d. Date signed (Month, 14+1 30. Neme end eddress of person d cause of death (flam 23a) (Type, Print) 15¢ 32. Rigistrar Signeture 31. Dete filed (Month, Da State

Randell

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 1997 Ignatius SCURTO 22 10:48 p Mar. /Medicai 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital Talbot Easton If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. July 22, 1919 5. Social Sacurity Number 7. Aga (In yrs. lest birthdey) 9. Birthplece (Stete or Foraign Country) **Funeral** 18 M 2□ F 216-07-0672 Yrs. Director Usuel Residence of Decedant 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Md Caroline Denton 1 X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 202 North Sixth Street 21629 USA Herns 23s Funeral 12. Was Decedent Ever in U,S. Armed Forees? 1 ☐ Yes 2 ☐ No if Yes, Giva Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours efter 1 Navar Marriad 2 Married 21215-0020 1 Yes 2 No 6 WHITE þ 3 ☐ Widowed 4 ☐ Divorced Specify: natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7; Depertment of Health and Mental Hygiene. Important: if item 27 is merked other than "na any injury or other traumatic event, the Medic once. Elementery/Secondary (0-12) College (1-4or 5+) Post Office Deliverer Mail Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Scurto Vincent Frances Fazio 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Conrad Scurto/Son 8285 Harmony Rd., Denton, Md. 21629 20b. Place of Disposition (Neme of cemetery, crematory or other ple Denton Cmetery 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cramation 3 Removal from State 3/26/97 Denton, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Name and Address of Fecility
Moore Funeral Home, P.A. 12 South 2nd St., Benton, Maryland 21629 ease or complications that caused the deeth. Do not enter the mode of dying, such es cerdiec or respiretory errest, List only one ceuse on each line. Approximete intervel Between Onsat end Deeti **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) cumonia Examiner Due to (or es e consequence of) The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use es the burie Physician/Medical Due to (or as e consequence of): signed by the e Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings eveilable prior to completion of ceuse of death? 24e. Wes an autopsy performed? Disease, Science do certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

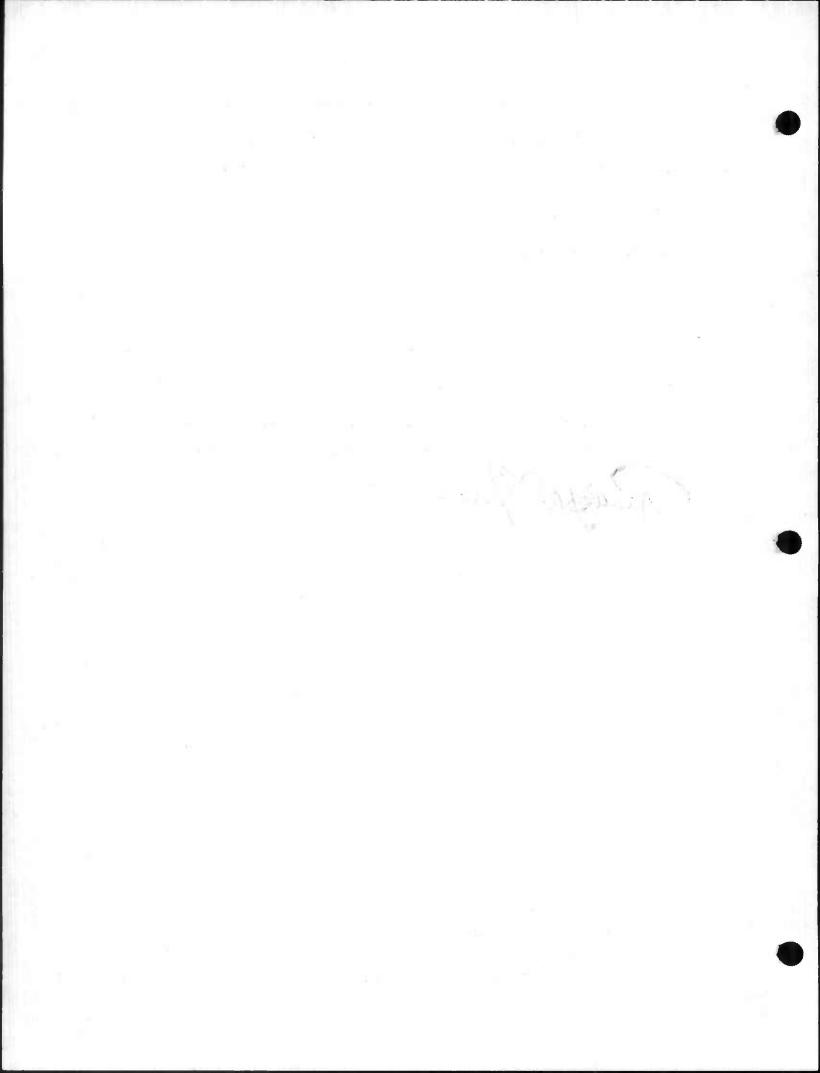
To the Funerel Director: After this certifical completely filled in by the funerel director; p Be 25. Wes cese referred to medical examiner? 28. Place of Deeth (Check only one) 1□ Yes 2□ No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA Medical Certification: 27. Menner of Deeth 28c. fnjury at Work? 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medicat Examiner, On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29e. Certifier 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Jeffery Denton, MD Caroline Health Services, P.O.Box 660, Denton, Md21629

State Registrar 31. Date filed (Month, Dey, Yeer)

32. Registrer's Signeture

wardon Randoll



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Name (First, Middle, Last) 2. Data of Deeth 3. Tima of Death Month John Arthur arp April 4b. City, Town, or Location of Death 1997 8:48 pm 4c. County of Deeth 4e. Facility Name (If not institution, give straat and number) Memorial Hospital Easton Easton If Under 24 Hrs. Hours Min. Talbot 7. Aga (In yrs. lest birthday) 82 Yrs. If Under 1 Year 5. Social Sacurity Number Birthplaca (State or Foraign Country) 1 M 2 F Months Deys 227-12-5527 Aug. 24, 1914 North Carolina Usual Rasidance of Dacedant 10h County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Cambridge Maryland Dorchester 10e. Straat and Numbar 10g. Citizan of What Country? 520 Glenburn AVENUE 21613 12. Was Decedant Evar In U,S. Armed Forcas? 1 12 Mes 2 □ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispenic Orlgin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - Amarican Indien, Black, Whita, atc. 1 Never Marriad 2 Merried Black 1 Yas 2 No 3 Widowed 4 Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Dacedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Lineworker Canning Industri 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Sumama) Will Sharp Joe Dinah ass: 19a. Informant's Name/Ralationship (Type, Print) BOX 51 Keysville Virginia Kubu (Wife) Rt. 2 Box 519 (20b. Place of Disposition (Nama of cematary, cramatory or other place) Sharp 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata Bethel 4 ☐ Donation 5 ☐ Othar (Specify) Cemetari 21. Signatura of Funeral Sarvice Licensea 22. Nama end Addrass of Fechin Henry Funekal Home. 510 Washing for St. Cambridge does the does the does the mode of dying such as cardiac or respiratory arrest, Approximata Intarval Between Onsat and Deeth immediata Causa (Final disaasa or condition rasulting in deeth) Hypo volumic Coagulobathy Sequantially list conditions

Physician /Medical **Examiner**

Physician

/Medical

Examiner

10a. Stata

Directo

Funeral

Be Completed by

0

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Manyland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural; or item 23a or 28a-f show any injury or other traumatic event, if a Medical Evantment to notified at

Baltimore, Maryland 21215-0020

or Attending Physician: The law requires thet the death certificate be executed page 2 After this s efter deeth. Il Director: After this ed in by the funeral d within 24 hours e To the Funerel (completely filled filled

Division of Vital Records, P.O. Box 68760,

causa. Entar Undarlying Causa (Diseese or Injury that initiated avants	c. Cardian	nythatly &	dilated	right neutrice	e years.
rasulting In daath) Last	a. End nto	y reval d	lerèane du	right neutricle	ut 1993
Part II. Other significant conditions of	ontributing to death but not ra	sulting in the underlying cau	usa given in Part I.	23b. Did tobacco use co	ontribute to the cause of death
				24e. Was an autopsy performed?	24b. Were autopsy findings eveileble prior to complation of cause of death?
25. Was casa refarred to medical			26. Placa of D	aath (Check only ona)	TLI Tes ZLINO
examinar? 1 Yes 2 No	Hospital: 1. Inpatiant 2	☐ ER/Outpatient 3☐ DOA	Other	Home 5 ☐ Rasidence 6 ☐ Ott	nar (Specify)
27. Manner of Death 1 Natural 5 Panding 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	C. Injury at Work?	28d. Dascribe how Injury occu	
3 Suicida 6 Could not be determined	28a. Place of Injury - At h building, atc. (Speci	noma, farm, straat, factory, (office	28f. Location (Street and Num. City or Town, Stata)	ber or Rural Routa Number,
29e. Certifier (Check only one) Certifying Phy 2 Medicat Exam	valcian: To the bast of my kni inar: On the basis of examin- and mannar stated.	owledge, death occurred et etion and/or Invastigation, in	the tima, data and pled my opinion, death occ	ce, and dua to the ceuse(s) and m curred at tha time, dete end place,	anner as stated. and dua to the cause(s)
29b. Signatura end titla of certifiar		29c. I	Licansa number	29d. Date signe	ed (Month, Day, Year)
59	998		D46020	41	2/97.

506 Idlewild Ave., Easton, MD 21601

Registrar

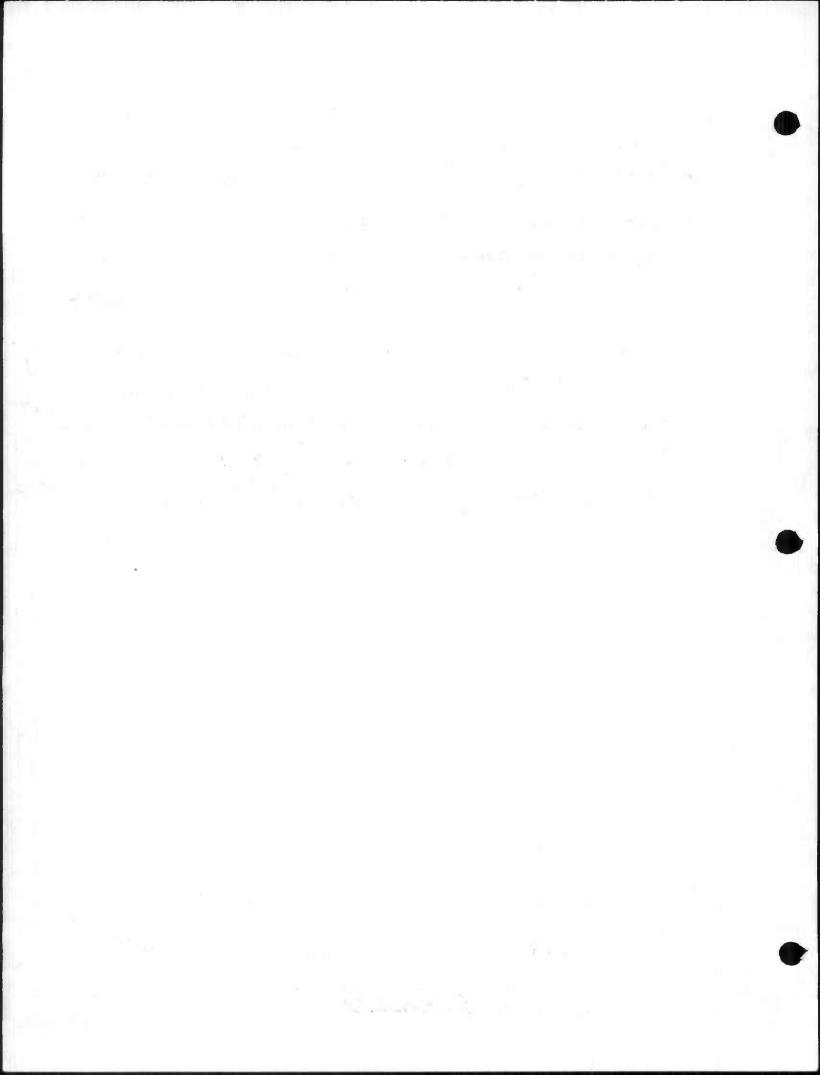
30. Nema and address of person who complated causa of daath (Item 23e) (Type, Print)

Ali,

M.D.

Syed I.

31. Data filad (Month, Day, Year)



1 ☐ Yes 20 No

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Maryland Veterans Cem. 4+4-97

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month 30 Dey 1997 Yeer KATHLEEN SLACUM 2:20 PM 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BETHESDA

If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

Oct. 29 1945 NATIONAL NAVAL MEDICAL CENTER MONTGOMERY 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□M 250F 51 Yrs Georgia 10c. City. Town or Location 10d. Inside City Limits Dorchester East New Market 1 Yes 2 No 10f. Zin Code 10g. Citizen of What Country? U.S.A. 5722 Cedar Grove Rd. 21631

Wes Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Specify:

18. Mother's Neme (First, Middle, Meiden Surneme)

Pinky

19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

700 Locust St. Cambridge MD 21613

5722 Cedar Grove Rd., East New Market MD 21631

marketing-consultant, self emp.

22. Name end Address of Fecility
Thomas Funeral Home PA

Funeral Director

Physician

/Medical

Examiner

PATRICIA

5. Sociel Security Number

559-62-8367

10e. Street end Number

11. Meritel Stetus

10e Stete

MD

Directo

Funeral

þ

Completed

Be

0

Usuel Residence of Decedent

1 Never Merried 25 Merried

3 Widowed 4 Divorced

Elementery/Secondery (0-12)

20e. Method of Disposition

17. Father's Neme (First, Middle, Last)

John

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Funeral Service Licensee

19e. Informent's Neme/Reletionship (Type, Print)

H. Ward Slacum-husband

HB Burial 2 ☐ Cremetion 3 ☐ Removel from Stete

10b. County

15. Decedent's Education (Specify only highest grade completed)

with the Merylend ir than "natural", or itama 23a or 28a-f show the Medical Examiner must be notified at death permit. Pages 1 end 2 should be filed within 72 hours after to Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural, or than any injury or other traumatic event, an Medical Essenti

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificete be executed attending physicien end for use es the burial-transit the signed by t peed page 2 s certificate or Attending Physician: director this funeral After n 24 hours efter death.

• Funeral Director: A pletely filled in by the fu death.

þ

Completed

Be

2

Certification:

edical

Division of Vital Records, P.O. Box 68760,

Immediete Cause (Finel diseese or condition resulting in deeth) Examine Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 25 No If Yes, Give Year or Detes:

College (1-4or 5+)

Augustus

0'Shea

//UU Locust St. Cambridge MD
23a Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, which, or heart failure. List only one cause on each line. PULMONARY ALVEOLAR PROTENOSIS

> Due to (or es e consequence of) DISSEMINATED MYCOBACERIUM AVIUM COMPLEX

20b. Piece of Disposition (Neme of cemetery, cremetory or other plece)

Due to (or es e consequence of)

Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

14. Rece - American Indian,

real estate

Rieck. White, etc.

Specify: White

16b. Kind of Business/Industry

20c. Location - City or Town, Stete

Hurlock Maryland

Fowler

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Interval Between Onset and Deeth

18MOS

18MOS

1 X Yes 2 | No 1 Yes 2 No

28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work?

4301069097 (MI)

1 ☐ Yes 2 ☐ No

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Cretifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated.

Man

29b. Signature and title of certifier

sand

5 Pending

investigation

6 Could not be determined

25. Wes cese referred to medical exeminer?

1 Yes 2 No

27. Menner of Deeth

1 Neturel

2 ☐ Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

(Check only one)

29c. License number MD

29d. Dete signed (Month, Day, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) EDWARD M. OMRON LT, MC, USNR

Hospitel:

NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600

State Registrar

completely

31. Date filed (Month, Dey, Year) 32. Registrar's Signeture Jalia Davelson-Rardall 1997

non

Hospital

To the I within 2 To the F

State of Maryland / Department of Health and Mental Hygiene 11247 Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dev Yeer **Physician** Margaret Μ. Struntz 10:10 A.M. March 1997 31 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 11410 Upper George's Creek Road, S.W. Frostburg Allegany If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Date of Birth (Month, Dey, Year) 21-Jul-32 7. Age (In yrs. lest birthdey) Birthpleca (State or Foreign Country)
 Adryland **Funeral** Months 1□M 22 F 64 578-48-5203 Director Usuel Residence of Decedent Peges 1 and 2 should be filed within 72 hours effer death with the Meryland nent of Health and Mental Hygiene.
ant: If Item 27 is marked other than "naturel", or items 23s or 28s-f show 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits the Medical Examiner must be notified at Allegany Director Maryland Frostburg 1 ☐ Yes X ☐ No 10e. Street end Number 11410 Upper George's Creek Road, S. W. Zip Code 10g. Citizen of What Country? 21532-U.S.A. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White à 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes Completed 15. Decedent's Education (Specify only highest grede completed) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Floral Designer 12 traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Dr. William O. McLane P Mary Baker 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Depertment of Health a Important: If Item 27 is eny injury or other tra Thomas J. Struntz Husband 11410 Upper George's Creek Rd. Frostburg 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, State Buriel 2 □ Cremetion 3 □ Removel from State Saint Michael's Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 03-Apr-97 Frostburg, Maryland 21. Signature of Funeral Service Licens 22. Neme end Address of Fecility Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 W. Enter the disease, or complications that caused to ck, or heart failure. List only one cause on each line ications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or es a consequer Examiner Hospital or Attending Physician: The lew requires that the death certificate be executed burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last and Due to (or es e consequence of). Division of Vital Records, P.O. Box 68760. ed by the attending physician deteched for use as the burla Physician/Medicai Due to (or es a consequenca of): 31 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peed pege 2 : hes certificate 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No director. 25. Wes case referred to medical examiner? (EAS 9 Be 28. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home Certification: To 1 Inpatient 2 ■ ER/Outpetient 3 DOA 5 Pesidenca 6 □Other (Specify) After this funeral 27, Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturet 5 Pending investigetion death. 1 ☐ Yes 2 ☐ No 2 Accident efter death Director: / In by the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours oft To the Funeral Discompletely filled in Medicai 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted. 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted. the 29d. Dete signed (Month Dey, Year) 29b. Signeture) and tille of certifier 29c. License number 0

deeth (Item 234) (Type, Print)

um

DHMH 16 Rev 6/95

TUS

State

Registrar

30. Neme end eddress of person

02

31. Dete filed (Month, Dey,

APR 02

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ton

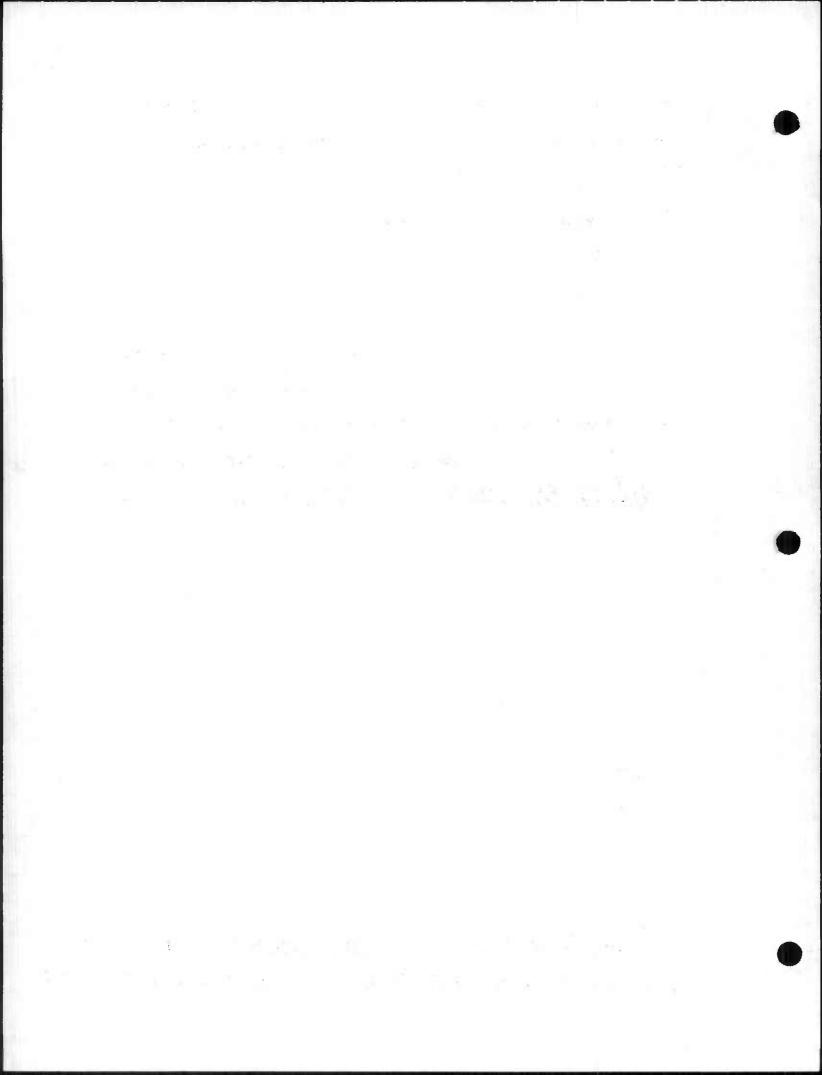
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State of Maryland / Department of Health and Mental Hygiene 97 11248

					Cei	rtificate d	of D	eath	R	eg. No.	•	11270
Physic /Med		Decedant's Nama (First, Middle JOHN WILSO		SHEEHAN		181			2. Data of Daa Month APRIL]	Day	Yaar	3. Tima of Death 04:55
Exami		4a. Facility Nama (If not Institution CALVERT MEMOR						City, Town, or Lo			ty of Death	
Funeral Director		5. Social Sacurity Number 579–07–9332	6. Sax 1 M 2 F	7. Aga (In yrs. 78	last birthday) Yrs.	If Under 1 Yo Months Da	180	If Under 24 Hrs. Hours Min.	8. Data of Birth Month, Day OCT 9	CALV 918	9. Birth	placa (Stata or Foraig ntry) York
the Maryland 28a-f show	ctor	Usual Rasidance of Dacedant 10a. Stata 10b. County New Mexico Curry		10c. Cit	y, Town or Lo							10d. Insida City Limits
with the	Director	10e. Straat and Number				10f. Zip Coo			1	0g. Citizan of		ntry?
within 72 hours after death with the Maryland liene. 'then "natural", or items 23a or 28a-f show the Mayloal Examine must be northed at	by Funeral	2221 Carolina 11. Marital Status 1 Navar Married 2 Mar 3 X Widowad 4 Divorce	ried 1 ☐ Yas	va		881 Was Decedant f Yas, specify (of Hisp Cuban,	panic Origin? (Sp Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	14. Ra	ack, Whita,	can Indian, atc.
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. Pages 1 and 2 shoment of Health and last: If Ilem 27 is majury or other traum		19a. Informant's Name/Ralation: Lori L. Sikors 20a. Mathod of Disposition 1 □ Burial 2 A Cramation 4 □ Donation 5 □ Other (5	ki (Daugh 3□Ramovalfrom Specify)	Stata 20b. P	766] laca of Dispo ematary, cran	Hickok sition (Nama o natory or other	Tri f p/ace)	al Lusby	Data		- City or To	own, Stata
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eath certificate be axecuted attending physician and for use as the burial-transit	an/Medical Examiner	Immediata Causa (Final disassa or condition resulting In daath) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disassa or injury that initiated avants resulting In daath) Last		Dua to (or Dua to (or	r as a consaq	uanca of): the uanca of):		Pancre		/er·		2 weeks 9 months
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5 00	2	axaminar? 1 Yas 2 No 27. Mannar of Daath 1 Natural 5 Pandir 2 Accident Invasti	28a. Deta (Mon		ER/Outpatian 28b. Time of Injury	28c. I	Other: njury at Work?	4 Nursing Ho		nca 6 □Oti		V)
or Attendia after death Director: A d in by the f	Certification:	3 Suicida 6 Could 4 Homicide datam	ined 288. Place	of Injury - At ho ng, atc. (Specify		aat, factory, offi	ca		28f. Location (St City or Town		bar or Run	al Routa Number,
To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: After thi completaly filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Certifyir 2 Medical	ng Physician: To the Examiner: On the be and man	best of my know esis of axeminati nar stated.	vladga, daath ion end/or inv	occurred at the estigation, in m	a time, ny opini	data and place, a ion, death occurre	and dua to the ca ed et the time, do	tuse(s) end meta and place,	enner as s end dua te	tatad. the causa(s)
To the withing To the complex	M	29b. Signeture end title of cartifie	and Su	vana:				5065		9d. Data signe		Day, Yaar) 997
Sta Registi	200	30. Nama and eddrass of parson GYAN CHAN- 31. Data filed (Month, Day, Year) APR 0 3	D SURAN	ia of death (Itam A 585 degistrar's Signat	51 De	ealecho	arch	hton Re	and De	wele M	7. D.	20751
IMH 16 Rav 6/9		AIN 0 0	1001		day supp	all			-	-		

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

97

						Ce	rtificate	e of	Death			Reg. No.		1 har F
Dhamisis	_	1. Decedant's Nama (First, Mide	dia, Las	st)							2. Data of De Month	ath Day	Year	3. Tima of Deat
Physicia /Medica		Virgie		н.				Su	ggs		March		997	6:00 AM
Examine	-	4a. Facility Nama (If not institution	on, giva	a street and nu	imber)					own, or Lo	ocation of Death		inty of Death	10.00 11
		Salisbury Cent	er	Genes	is Elde	ercare			Salis	hurv	. MD	Wic	comico	
uneral		5. Social Security Number	8. S			. last birthday)	If Undar	1 Yaar	if Under	24 Hrs.	8. Data of Bir	th	9 Right	placa (Stata or For
irector	1	237-14-1214	1	□M 2\F	81	Yrs.	Months	Days	Hours	Min.	July 3	0.1915	Nort	Carolir
		Usual Rasidance of Decedent												
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el', or items 23e or 28e-f show Exeminer must be nomed at	Director	10e. Street and Number	Our	-		IIGI GCIC	10f. Zip (10g Citizan	of What Cou	ntrv?
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	Š	11. Marital Status	al a d	Armed Fo		0,5.	lf Yas, speci	fy Cub	an, Maxica	n, Puarto	ecify Yas or No Rican, atc.)	14. [Race - Amari Black, Whita,	
9 .	by F	1 Nevar Married 2 Ma		1 ☐ Yas If Yas, Gi	va		1□Yas 2	X No	Specify:			Spe	cify: LTh-	ito
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The state of	du	Elemantary/Secondery (0-12)		Collega (1-4or 5+)	life.								
vent, th	ខ្ល	12					Hous	ewi					Home	
event,	e B	17. Fathar's Nama (First, Middla	, Last)						18. Moth	ar's Nama	a (First, Middle,	Meidan Sun	nama)	
matic e	0	Walter	Fre	derick		Hayes			Lil	.la	Mae		Aust	tin
		19a. Informant's Name/Raiation	ship (7	ype, Print)		19b. Mailir	ng Addrass	(Streat	and Numb	er or Rur	al Routa Numb	er, City or To	wn, Stata, Zij	Coda)
r trat		Mary K. Perkin	S			9765	Barre	n C	reek	RD.	Mardela	Sprin	igs, M	D 21837
th retho		20a. Mathod of Disposition				Placa of Dispo	sition (Nam	a of	1	1	Data	20c. Locatio	on - City or To	own, Stata
6		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (cematary, crer				i	20 07	0 1 -		M
nin.	-	21. Signature of Funarai Sarvice			. Ca	mbridge					-29-97	Cambi	ridge,	MD
any injury or once.		21. Signature of Funaral Sarvice	Licen	See			2. Nama and	Addra	SS OF Pacifi	ity	705 E	. Mair	ı St.	
		D. Beit	h .	Thyps	m, c	FSPBO	ounds	Fun	eral	Home	Salis	bury,	MD 21	804
		23a. Part1. Entar tha disaasa, o shock, or haart failura. Lis	r comp	olications that o	causad tha das	th. Do not ant	ar tha moda	of dylr	ng, such as	cardiac	or raspiratory a	rrast,		Approximata Intarval Batween
ician					2									Onset and Death
dical		immediata Causa (Final disaasa or condition		1	2		1		1		3			721
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80 8	Σ		L	d										
dateched for usa as the burial-transit	ne :												1	
ped 1	Physician	Part II. Other significant conditi	ons co	ontributing to de	eath but not ra	sulting in the u	ndarlying ca	usa giv	an in Part	i.	23b. Dld	tobacco use	contribute to	o the causa of des
ateci atec	Ē										10	Yes 2 N	o 3 Pro	bably 4 Unkn
be da	D													
should											24a. Was	en autopsy mad?		ara autopsy finding
shoul	Completed										perio	illiad?	CO	mplation of causa death?
page 2	Ë										40.			
rector, pa		05 146									10		, 11	□Yas 2□No
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funaral	ertification:	 Manner of Death Naturei 5 ☐ Pandi 	ng	28a. Data (Mon	of Injury th, Dey Yaer)	28b. Tima of Injury		c. Injur Wor	k?		28d. Dascribe I	now injury oc	curred	
ng le	la la	E C / tooldant	igation	1			М	10	Yes 2	No				
Dy		3 ☐ Suicida 6 ☐ Could 4 ☐ Homlcida datam	nined	28a. Place	of Injury - At h	noma, farm, str	eet, factory,	office			28f. Location (S City or Tox		mber or Run	al Routa Number,
2 3	9				g, a.o. (opos	.,,,								
		29a. Certifier 1 Cartifyl	ng Phy	sician: To tha	best of my kno	owledge, deeth	occurred e	t tha tin	ne, dete en	d placa,	and dua to tha	causa(s) and	mannar as s	ststed.
letel	edicai	(Check only 2 Medical one)	Exam	iner: On tha ba and man	asis of axamina nar statad.	ation and/or inv	astigation, i	in my o	pinion, dee	th occurr	ed at the time,	dete and plac	a, and dua to	o tha causa(s)
	ė	29b. Signatura and title of certific	ar.	11	1		29c.	Licans	e number			29d. Data sig	ned (Month,	Day, Year)
0			1	342/								2/	070-	
	_		11	VII				29	349			1/20	11/	
10	3	30. Nama and addrass of person			•							/ /	/	
1	5	William H. R					althwa	y I	r., S	Salis	bury, I	MD 2	1804	
State	-	31. Data filed (Month, Dey, Yaar			egistrar's Sign	atura p	et				_			
egistra	r	MAR 2	8 19	91 9	the district	sor Rando	4							

pro representation

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician	
/Medical	
Examiner	

1. Decedent's Name (First, Middle, Last) GEORGE RICHARD

STEVENSON

36

2. Date of Death Month Day March27,1997

8. Date of Birth (Month, Day, Year)

November 9,1960

3. Tima of Death 0144a

Birthplace (State or Foreign Country)

Maryland

White

Directo

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

by

Completed

Be

Certification:

Medical

4a. Facility Name (If not institution, giva street and numbar)

PENINSULA REGIONAL MEDICAL CENER

1⊠ M 2□ F

4b. City, Town, or Location of Death SALISBURY

4c. County of Death WICOMICO

Funeral Director

el', or items 23e or Examiner mant be r

Pages 1 and 2 should be filed within 72 hours after death vient of Hadalb and Mahali Hygiana.
Instit Kem Z7 is marked other than "hatuel" or terms 23 ury or other treumstic event, the Marcal Examine mail

permit. Pagas Department of Important: If It any Injury or once.

Physician

/Medical

Examiner

physician and s the burial-transit

attanding pl

signed by the a d be datached for

paga 2

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifica

To the Hospital of within 24 hours at To the Funerel D complataly filled

law requires that the death certificate be axecuted

P.O. Box 68760

Division of Vital Records,

Baltimore, Maryland 21215-0020

with the Maryland r 28a-f show Usuai Residence of Decedant 10a. State Maryland

10b. County Wicomico 10c. City, Town or Location Salisbury

7. Age (In yrs. last birthday)

10d. Inside City Limits 1 X Yes 2 □ No

10e. Street and Number

5. Social Security Number

215-72-3811

10f. Zip Code

10g. Citizen of What Country?

1309 Middle Neck Drive

1 Navar Married 2 Married 3 ☐ Widowed 4 ☑ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Dates:

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yes 2 No Specify:

If Under 1 Year If Under 24 Hrs.

Months Days Hours Min.

21804

Hours

14. Race - Amarican Indian, Biack, Whita, etc.

USA

15. Decedent's Education (Specify only highast grade completed) Elementery/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired)

18b. Kind of Business/Industry

Specify:

10 17. Father's Name (First, Middle, Last) Heavy Equipment Operator 18. Mother's Name (First, Middle, Maiden Sumame)

Construction

George Richard Stevenson Sr.

Claire Figgs

Delmar, DE

19a. Informent's Name/Relationship (Type, Print)

19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Claire Esham/mother

20a. Method of Disposition 1 Surial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. Place of Disposition (Name of cemetery, crematory or other place) St. Stephens Cemetery

1309 Middle Neck Drive, Salisbury, MD 21804 Date 20c. Location - City or Town, State

4 Donatio 5 Other (Specify) 21. Signature of Full

M01051

22. Name and Addrass of Facility Holloway Funeral Home

Part1. Enter the disease, or complications that cause, the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each one. 501 Snow Hill Rd., Salisbury, MD 21804

3/29/97

Multiple quishot Words

Approximate Interval Betw Onsat and Death

Immediate Cause (Final diseasa or condition resulting in death)

Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death?

4 Unknown 1 Yes 2 No 3 Probably

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to complation of causa of death?

25. Wes case referred to medical examiner?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient XXER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

26. Plece of Death (Check only one)

111 Penn Street, Baltimore, Maryland 21201

XXYes 2□ No 27. Manner of Death 1 Natural

2 Accident

4 Thomicide

3 Sulcide

5 Pending investigation 6 Could not be determined 28b. Time of Injury 120 Arm 28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred Subject 8hot

29a, Certifier

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Street

2/27/97

Location (Street and Number or Rural Route Number, City or Town, State) 615 Boken Street

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the cause(s) and manner as steted.

XX Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year) MARCH 27, 1997

~~ 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

THEODORE M.K.Ing 31. Date filed (Month, Day, Year) State

32. Registrar's Signatura

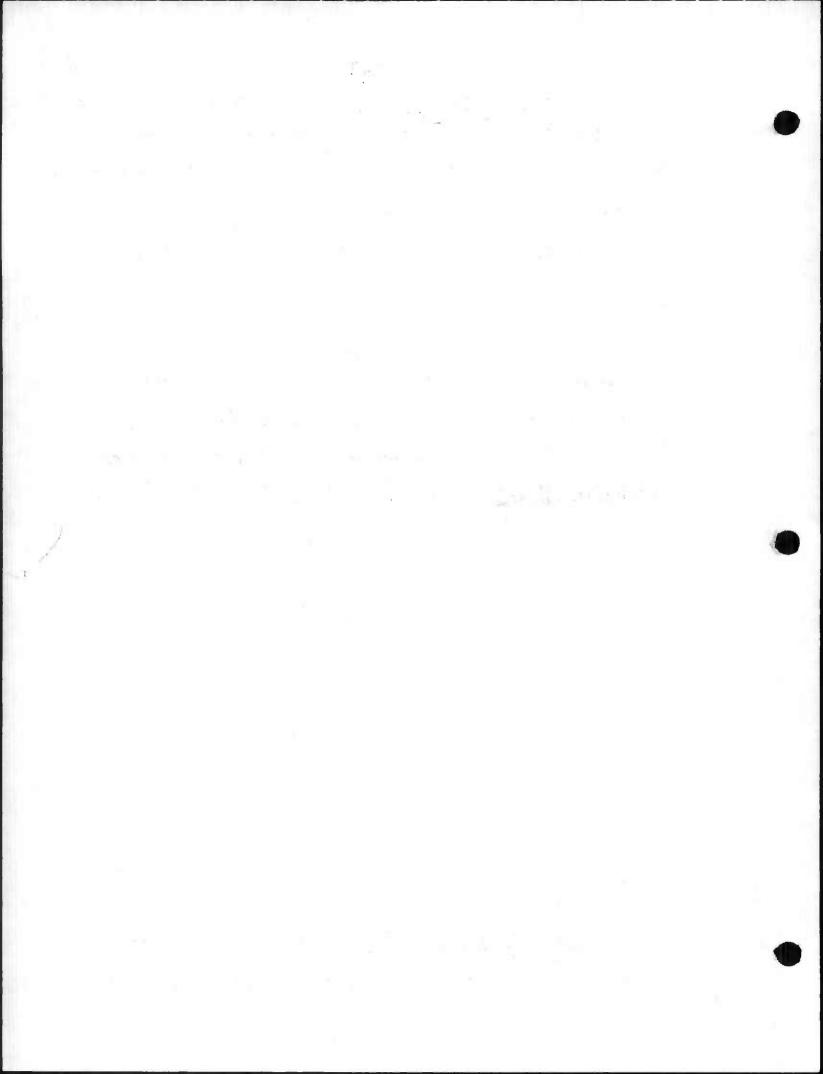
Julia Davidson Rardall

Registrar

State of Maryland / Department of Health and Mental Hygiene Q 7

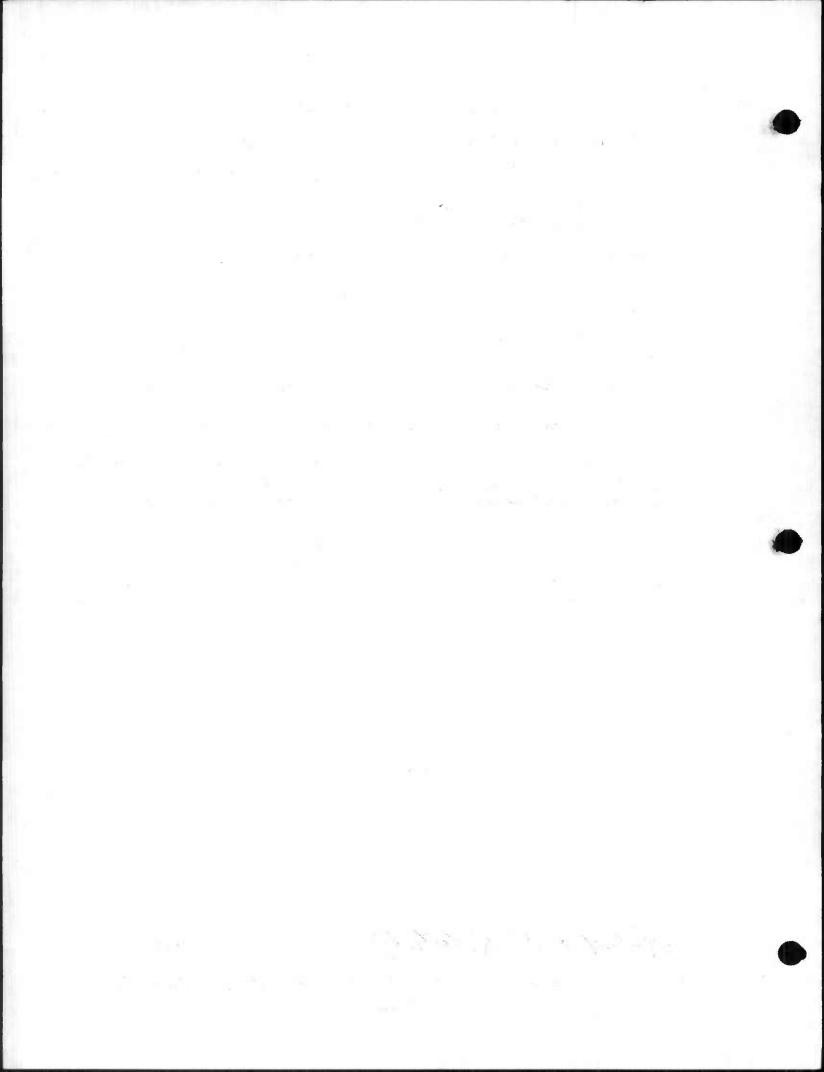
				Ce	rtificate o	f Death	R	eg. No.	/ 11	201
Physi /Med		Decedent's Name (First, Middle, La Rose Dot	othy SCHAD)	M		2. Date of Dear March 3			Time of Death
Exam		4a. Facility Name (If not institution, giv Col.lege V			- 1	4b. City, Town, or Frederi	Location of Death	4c. County Frede		
Funera Directo	_	103 34 0307	G	yrs. lest birthday) 7 Yrs.	If Under 1 Year Months Day	The second secon		Year) 1909	9. Birthplace Country) Pennsy	(Stete or Foreign Ivania
Menyland a-f show	stor	Usual Residence of Decedent 10a. State 10b. County Maryland Frederic		c. City, Town or Lo Adams t						Inside City Llmits 1 ☐ Yes 2 XNo
th with the 23a or 28	al Direc	10e. Street and Number 3310 Paparika (Court		10f. Zip Code 21.71		1	0g. Citizen of W		
ould be filed within 72 hours after death with the Meryland Mental Hygiene. Andental Hygiene Than *natural*, or Items 23a or 28a-f show atte event, the Medical Examinat must be notified at	Completed by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes ②O(No If Yes, Give Year or Dates:		Was Decedent of f Yes, specify Cu 1 ☐ Yes ŽŽXN	f Hispanic Origin? (: uban, Mexican, Pue o <i>Specify:</i>	Specify Yes or No- to Ricen, etc.)	Blac	- American Ir k, White, etc. : White	
within 72 ho iene. than *natur the Magical	ompleted	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	ducetion de completed) College (1-4or 5+)		dent's Usual Occ kind of work dor DO NOT use reti emaker	upation le during most of wo red)	orking	16b. Kind of Bu		У
d 2 should be filed within the and Mental Hygiene. 7 Is marked other than traumatic evant, the M	To Be C	17. Father's Name (First, Middle, Last) Joseph	D	OPIRAK		18. Mother's Na Mary	me (First, Middle, M		9)	
and 2 shifealth end m 27 is m		19a. Informant's Name/Relationship (Mr. James Edward 20a. Method of Disposition 120 Burial 2 Cremation 3	Schad, Son	0b. Place of Disponsion Commeterly, crem	O Papari sition (Neme of netory or other p	,	Adamsto Date	wn, Mar 20c. Location	yland City or Town,	21710 State
permit. Peges 1 ar Department of Hea Important: If Item; any Injury or other	X	4 Donation 5 Other (Specification of Funeral Service Licentary)		255	Name and Add Keeney a			uneral		701
Physician end physician end physician end physician end se the burial-trensit	ı	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	to (or as a conseq	uence of):	Alsea	ese.		10	years
certificate be axecuted using physician end use es the burial-trensit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Ceuse (Disease or Injury that Initiated events resulting In death) Last								
requiras that the daath certificate be asscuted een signed by the attending physician end hould be detached for use es the bunal-trensi	by Physician	Part II. Other significant conditions on		ot resulting In the u						cause of death? y 4 ☐ Unknow
e law has b	Completed						24e. Was an perform	ned?	availabl comple of death	autopsy findings ele prior to stion of cause h?
Physician: The rhis certificata	o Be	25. Was case referred to medical examiner?	Hospital:			thor:	ath (Check only on			
ding Phys h. After this funeral di	H	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	4 □ Nursing I ury at ork? □ Yes 2 □ No	dome 5 Reside 28d. Describe ho						
To the Hospital or Attendi within 24 hours aftar death To the Funeral Director: A completaly filled in by the f	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injury - building, etc. (S)	At home, farm, stropecify)	eet, factory, office	9	28f. Location (St. City or Town		or or Rurel Ro	ute Number,
ne Hospital n 24 hours ne Funeral pletaly filled	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the time and manner stated. 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the time and manner stated.								ner as stated nd due to the	ceuse(s)
To the within 2 To the comple	Me	29b. Signature and title of certifler	Hoch	with		nse number 5183		od. Date signed March 3.		
		30. Name and address of person who of Dr. Ali J. Afroo				eet, Fred	erick, Ma	aryland	21,701	

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97

				Cei	rtificate of	f Death		Reg. No.		
PETER		1. Decedent's Name (First, Middle, Le	est)				2. Date of Dea		VIII.	3. Time of Deeth
	sician edicai	P.11 CAD 7 2	TERESSA		SPE	NCER	March	29 1	997	09:22 am
	miner	de Feelite blance (these besterning at	ve street end number)			4b. City, Town, o	r Location of Death	-		
			604 Buckeystow	m Pike		Bucke	eystown	Fr	ederi	ck
Fune	ral		Sex 7. Age (In yrs.	. last birthday)	If Under 1 Yea	r If Under 24 He	S. 8. Date of Birt	h		lace (Stete or Foreign
Direct	_	217-80-6900	1□ M 2X F 36	Yrs.	Months Day	s Hours Mi	n. (Month, De) Dec. 9			nington,DC
		Usual Residence of Decedent					Dec.	1700	wasi	illigron, DC
ylan		10a. State 10b. County	10c. Ci	ity, Town or Lo	cation				1	0d. Inside City Limits
Mar n-f s	10	Maryland Fred	lerick	Jeffer	son					1 Yes 2 □ No
r 28	Director	10e. Street end Number		002202	10f. Zip Code			10g. Citizen of	Whet Coun	itry?
h wit	-		Circle			21755		Unite	d Sta	ites
deat	Funeral	11. Marital Status	12. Was Decedent Ever in U	J.S. 13. V			(Specify Yes or No- erto Rican, etc.)		e - Americ	an Indian,
D in in	12	1 Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 No		_ \		erto Hican, etc.)	Ble	ck, White,	etc.
Z IZ I 3-U0ZU J within 72 hours after death with the Manyland jiene. Than "netural", or items 23s or 28s-f show The Med Selection of the property of the prop	20		If Yes, Give Year or Dates:		1□ Yes 2 N	Specify:		Specify		Thite
2 ho	Completed	15. Decedent's E		16a. Deced	lent's Usual Occ	upation		16b. Kind of B		
21215-UUZU d within 72 hours af giene. or than "netural", or the West cal Example.	ejac	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	DO NOT use retir	e during most of w ed)	orking			
d with	Į,	12	_	Sup	ervisor			Chemic	al Co	
be filed tel Hygid d other	Be)			18. Mother's N	eme (First, Middle,	Maiden Sumen	ne)	
Maryland d 2 should be file th end Mentel Hy 7 Is marked othe traumatic event	To	Eugene S	pencer			Jacki	ie Mar	ie Da	vis	
2 should end Men is marke	1	19a. Informant's Neme/Relationship (Type, Print)	19b. Mailin	ng Address (Stree	et end Number or I	Rurei Route Numbe	r, City or Town,	Stete, Zip	Code)
Fre, Maryland 1 and 2 should be filed 1 Health and Mentel Hyge 1 tem 27 is marked other other traumatic event,		Deirdre J. May/ E	xecutor	806	Tritan	oo Dr / L	noxville	MA 2	1750	
of He of He rothe		20a. Method of Disposition	20b. I	Place of Dispo-	sition (Neme of netory or other p		Date	20c. Location		wn, State
Galtimore, N pemit. Pages 1 end Department of Health Important: If item 27 any Injury or other tr		1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	JHemoval from Stete		n Cremai		3-31-97	Hagers	torm	Ma
Daltin pemit. Pa Departmen Important: any Injury	4	21. Signature of Funerel Service Licer			. Name end Add	4 00 101				
pemit. Page Department (Important: If sany Injury or	DUCE		101				Stauffer			
_		caymone	relesson	1	621 Opos	ssumtown	Pike/ Fr	ederick	, Md.	
		23a. Part1. Enter the disease, or com shock, or heert feilure. List only	one cause on each line.	tn. Do not ente	er the mode of dy	ring, such es cardi	ec or respiratory ar	rest,	1	Approximate Interval Between
Physicia /Medic	_	immediate Cours (Final								Onset and Deeth
Examin		immediate Ceuse (Final disease or condition resulting in death)	. Multiple I	raumat:	ic Injur	ies			1	Immediate
			Due to (or as a conseq	uence of):					
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certificate be executed ding physician end iss es the buriel-transit	edicai	that Initiated events resulting in death) Last	Due to (d	or es e consequ	uenca of):				1	
A entific	Me		d						i	
	any		J.							
. 0 00	Physician	Part Ii. Other significant conditions of	ontributing to death but not res	sulting in the un	nderlying cause g	iven in Pert I.	23b. Dld t	obacco usa co	ntribute to	the cause of death?
The law requires that the law seen signed by the page 2 should be deteched	F.						101	res 2 No	3 Prot	ably 4 Unknown
0 % 50	þ						-			
require been si should							24a. Was a	an autopsy	24b. We	ere autopsy findings allable prior to
s be	pie								cor	mpletion of cause death?
The law ate has page 2	Completed						101	es 2000	1.	Yes 2□No
vician: The certificate rector, par	BeC	25. Was case referred to medical				28 Place of D	eath (Check only o			7103 2010
Attending Physician: or death. ector: After this certific by the funeral director,	ToB	examiner? 1 1 Yes 2 □ No	Hospital: 1 Inpetient 2 I	ER/Outpatien	t 3DDOA	ther			or /Canaih	Pondrzer
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tending Pheath.	ertification:	1 Natural 5 Pending investigation	28e. Dete of Injury (Month, Dey Year)	Injury	28c. Inj	ork? ⊡Yes 21√∑No		of veh		which
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or Attending Physician: The law required of the Color of Attending Physician: The law required to the Color of the this certificate has been sin by the funeral director, page 2 should I in by the funeral director, page 2 should I	Ta	4 Homicide determined	building, etc. (Specif	(y)	sou ractory, critica		City or Tow	n, Stete 1604	4 Buc	keystown P
To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	0	29a. Certifier 1□ Certifying Ph	Street	vuiodos dosth	nanurand at the	imo data and slav	Buckey	ystown,	Mary	Land
Hos 24 h Fun stely	edicai		ysician: To the best of my kno niner: On the basis of examina	tion end/or Inv	estigetion, in my	opinion, death occ	curred at the time, o	ause(s) and ma date and piaca,	and due to	ated. the cause(s)
thin a	ĕ ≅	29b. Signatuse and title of certifier	and manner stated.		29c Licer	nse number		29d. Date signe	d (Month)	Day Veerl
5 ₹ 5 8	13	NITE	RPA	1	AN					
		alsten or	11/10	ne ") DO	9867		March 2	9, 19	1 9/
		30. Name end address of person who								
1.		Robert R.R. Rober			Kaig Roa	d, Frede	rick, Man	cyland 2	21701	-3319
	State	31. Date filed (Month, Day, Yeer)	32. Registrary Sign	ture Rank	A.					
Regi	strar	APR 0 2 19	31							



Amended Line 10f FCHD Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend item 5 per court order g836 Cottificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death LEONIA F Month 1:32 AM MARCH 29 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death UNIVERSITY OF MARYLAND Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 1□M 2⊠F Months Days Yrs. 75 Dar. 13, 1921 Virginia Usual Rasidence of Decadant 10a. Siala 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland Howard Woodbine 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 21207 21797 3961 Route 94 American 11. Marilal Status 12. Was Dacadant Evar in U.S. Was Dacedant of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, alc. Armed Forcas?

1 Yas 2 No
Il Yas, Giva 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 No Specify: Specify: White 3 Nidowad 4 Divorcad Yaar or Datas: 15. Dacedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Spacify only highast grada complated) Etamantery/Secondary (0-12) Coltege (1-4or 5+) 6 Homemaker Own home. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Samuel McAlexander Cockran Della 19a. Informent's Nama/Raletionship (Typa, Print) 19b. Mailling Addrass (Straat and Number or Rurel Routa Numbar, City or Town, Stata, Zip Coda) 20879 Nancy Lee Day - Daughter 18433 Lost Knife Circle - Apt 104, Gaithersburg, Md 20a. Malhod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Resthaven Memorial Gardens 4/2 4 ☐ Donation 5 ☐ Othar (Spacify) Frederick, Maryland 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Olin L. Molesworth, P.A., Funeral Home 23a. Part1. Entar Iha disaasa, or complications that causad Iha daath. Do not anlar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart leilura. List only one causa on each line. 20872 Approximata Intarval Betwaan Onsat and Death FY SANGUINATION Immediate Causa (Final disaasa or condition rasulting In death) Due to (or as a consequanca of) PENIC AND CEVERE LOWER TXTREMITY Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Cause (Disaasa or Injury that latitated as part of the latitate Dua to (or as a consequence of): MOTOR VEHICLE SCCIDEN that Initiated avants rasulting in death) Last Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause and 23b. Did tobacco use contribute to the cause of death? MULTIPLE PRAGRURE S RIB 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to complation of cause of deeth? 24a. Was an autopsy 1 ☐ Yas 2 Ø No 1 Yas 2 No 25. Was case ratarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Restdanca 6 □Othar (Specify) 1 Vas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 29d. Dascriba how injury occurred 5 Pending Invastigation 1 Netural Injury MARCH 28 1997 281. Location (Street and Number or Rural Routa Number, City or Town, State) 9:00 PM 1 ☐ Yas 2 ☑ No 2 Accident 3 Sulcide 6 Could not ba datarmined 28e. Plece of Injury - At homa, larm, street, lactory, offica building, etc. (Specify) 4 Homicida STROUT 1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, deta and place, end dua to the cause(s) and mannar as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the ceuse(s) and mannar stated. 29a. Certifier (Check only one)

29c. License number

Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be or Attending Physician:

buriel-tran attending physician for use as the bune á certificate has this After To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun

Physician

Examiner

Funeral

Director

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Pages 1 and 2 should be filed within 72 hours after onent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Ite

al Hygiene.

other traumatic

permit. Pages 1 and 2: Department of Health er Important: If Item 27 is any Injury or other traugungs.

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/Medical

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Certification:

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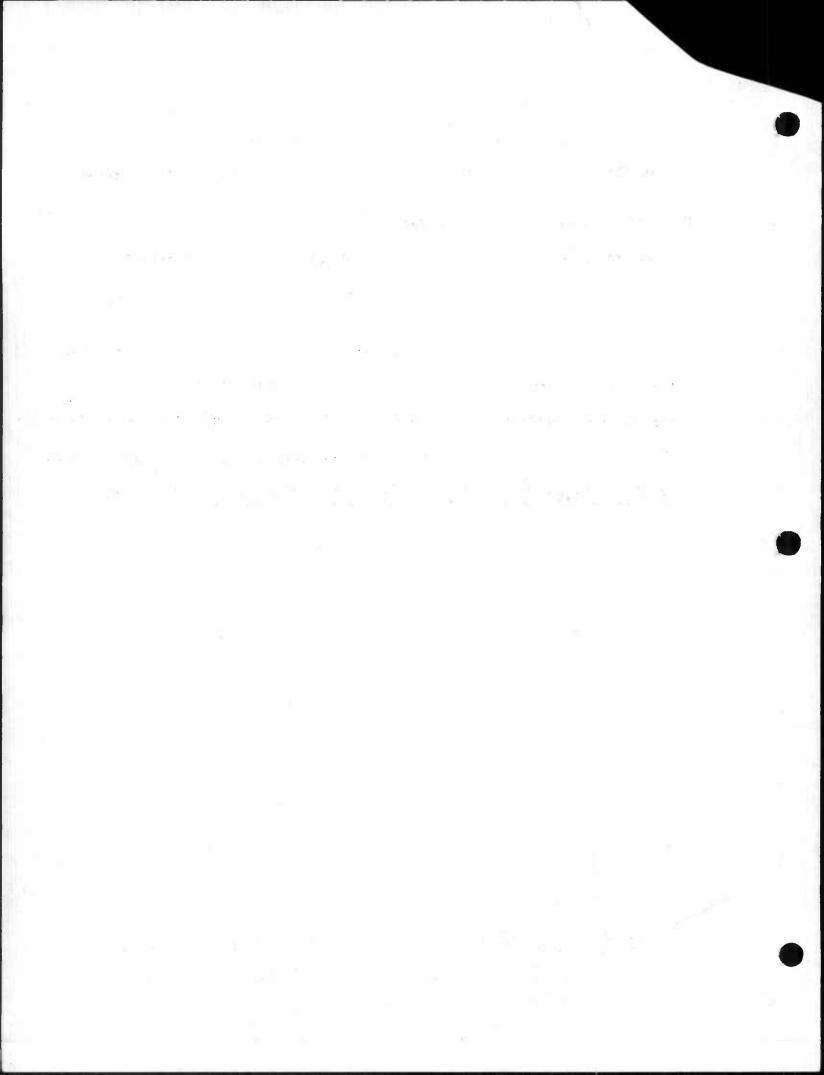
30. Name and address of person who completed clause of death (Item 23a) (Type, Print)

29b. Signature and title of certifle

JOHN ANTHONY MANUESTI 32 Hebistra & Signatura Randall 29d. Dala signed (Month, Day, Year)

MD-056796-1 MARCH 31, 1997

SHOOK/TRAUMA, BOLTO. MD



State of Maryland / Department of Health and Mental Hygiene

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Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Mandand

Physician /Medical Examiner sician and burial-transit The lew requires that the death certificate be executed P.O. Box 68760, the 98 for signed by the el Division of Vital Records, page 2 should certificate hes or Attending Physician: this filled in by the funeral After t s efter death. Hospital 24 hours To the Hospi within 24 hou To the Funer completely fil

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** MARCH 27 Day 1997 Year 11:50AM DONALD PAUL STOLZ /Medical 4a. Fecllity Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Frederick Frederick Frederick Helath Care Center 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth July 30, 1918 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign. Days Hours 1₩ 2□F Pefinsylvania 78 166-20-9156 Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location Department of Health and Mental Hygiene. Important: If Itams 23a or 28a-f show any Injury or other traumatic event, the Macical Examiner must be notified at any Injury or other traumatic event, the Macical Examiner must be notified at another. 10d. Inside City Limits MD. Frederick Frederick Director 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21701-6257 U.S.A. 215 Wyngate Drive Funeral 11. Marital Status Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Married 2X Married Specify: White 1 ☐ Yes 2 🛣 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Electric Co. Potomac Edison Co. 4 years 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Dr. Paul Georg Stolz Louise Graffin 19a. Informant's Name/Retationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 215 Wyngate Dr. Frederick, Md. 21701-6257 Louise D. Stolz (Wife) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 3/28/97 Smithsburg, Md. Smithsburg Crematory Linen 22. Name and Address of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 N. MARKET ST. FREDERICK, MD. 21701 death. Do not enter the mode of dylng, such es cerdiac or respiratory errest, Approximate Interval Betw Immediate Ceuse (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 2D No 3 Probably 4 Unknown 1 Yes ð Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evailable prior to completion of cause of death? Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Magner of Beat 28c. Injury at Work? 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 | Homicide Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of the time, date and menner stated. 29a, Certifier Medical end/or Investigation, In my opinion, death occurred et the time, dete end place, end due to the cause(s) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) March 28, 1997 1200) 30. Name end eddress of person who d pleted ceuse of death (Item 23a) (Type, Print) 300 West 9th Street Frederick, Md. 21701 ROBERT L. KAUFMANN, M.D. 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signature

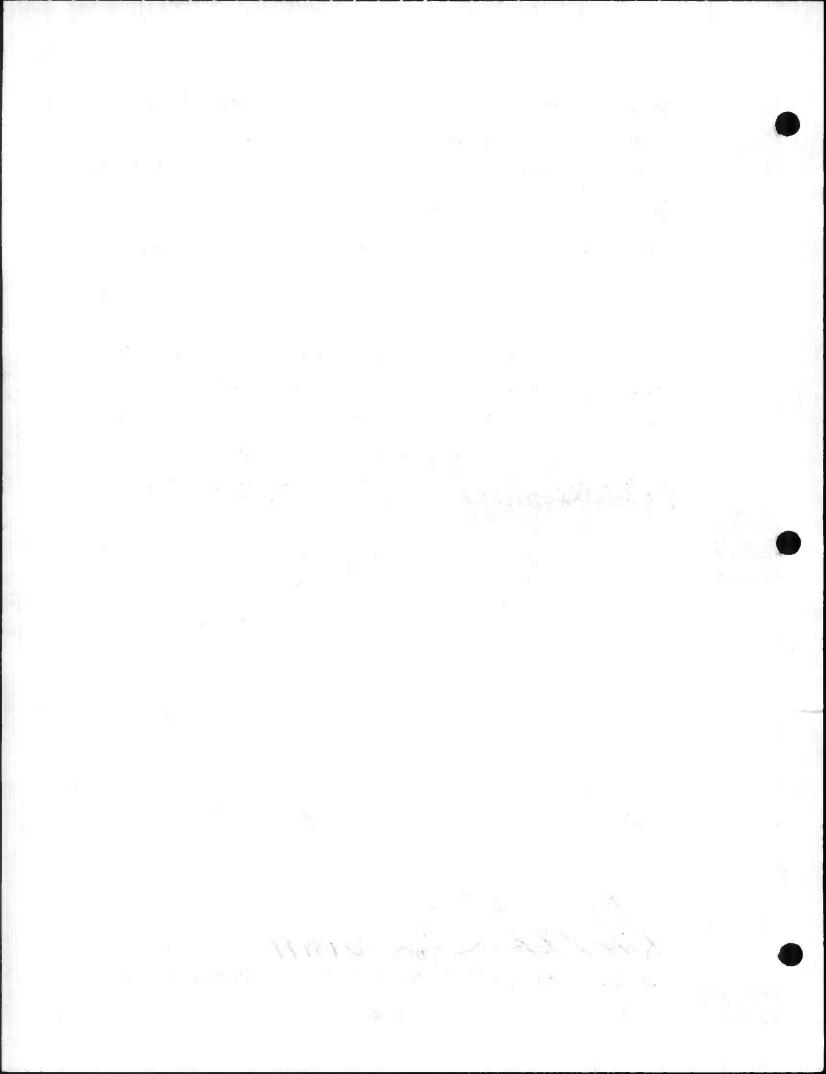
Wavelear Randall

DHMH 16 Rev 6/95

State

Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 | | 25 | Certificate of Death

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	and *		10a. Stata 10b. County		-	10c. Ci	ty, Town or Lo	cation							10	Od. Insida (City Limits
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Maryland 21215-0020	3 3 G		19a. informant's Name/Ralationsh				19b. Mailin	g Addrass (Street	and Numbe	er or Rura	Route Num	ber, C	ify or Town,	Stata, Zip	Code)	
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ב .	ed in Di	Ö															

State Registrar 29e. Certifian

29b. Signature

ALAN CARROLL, M.D., 31. Date filed (Month, Day, Year) MAR 2 4 1997

30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)

310 S. SETON AVE., EMMITSBURG, MD. 21727
32. Redistrar's Signatura

Auction Red. 1

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as atlated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29c. License number

29d. Data signed (Month, Day, Year)

23 MARCH 97

DHMH 16 Rev 6/95

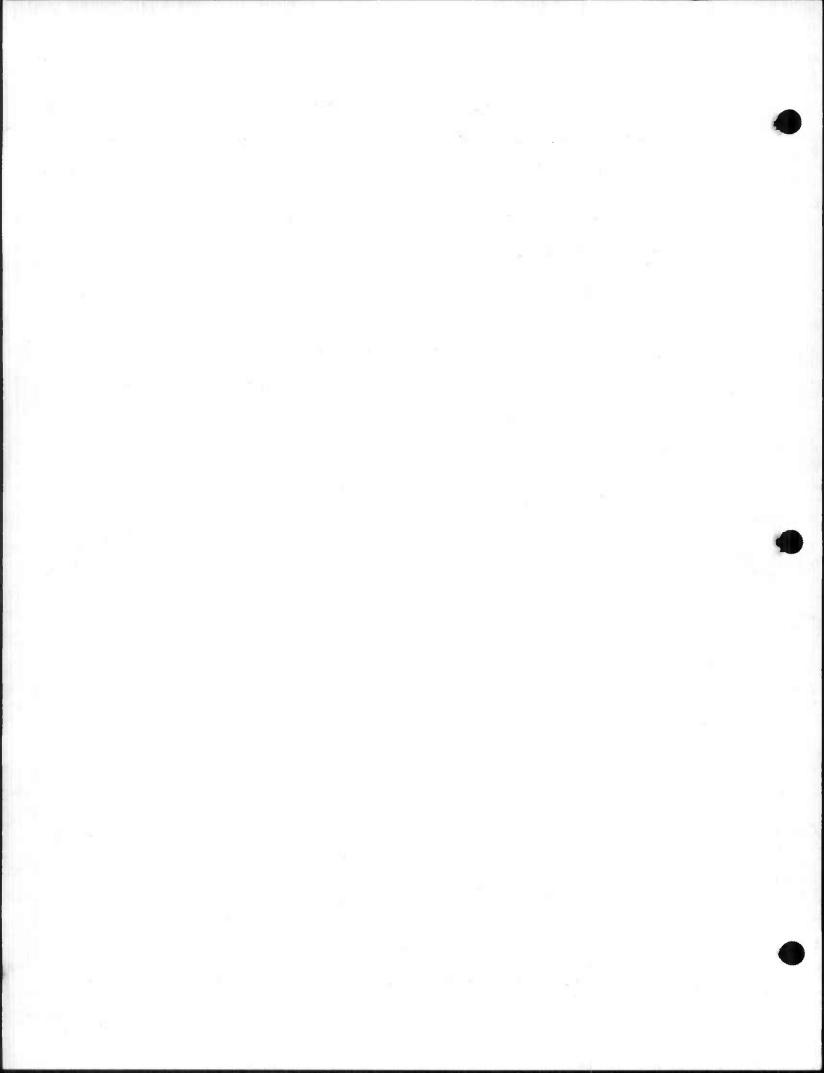
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	Physici /Medi	ian	7,8,10e,f,19a,b per 1. Decedent's Name (First, Middle, I VINCENT	ast)	MITH				2. Dete	Reg. of Deeth RCH	3¶, 19		3. Time of Deeth 2:47 PM
٠	Examir		4e. Facility Name (If not institution, g LAUREL REGIO	ive street and number) NAL HOSPI	TAL			4b. City, Town,	or Location of	Deeth	4c. County PRIN	of Deeth ICE GE	EORGE
	Funeral Director		5. Sociel Security Number 6. 577-68-0114 Usuel Residence of Decedent	Sex 7. Ag 1⊠M 2□F	e (In yrs. last		If Under 1 Y Months D	ear if Under 24	Hrs. 8. Dete	of Birth h, Dey, Ye 4 19	1950 51	9. Birthplece Country) WASHI	e (Stete or Foreign NGTON . D . (
Mandand	28a-f ahow notified at	ctor	10a. Stete 10b. County D • C •		10c. City, T								Inside City Limits 1 ☑ Yes 2 ☐ No
ath with th	23a or 2	rai Director	10e. Street end Number 1509 1501 VERMONT AVE	NUE N.W.			10f. Zip Co				Citizen of V	Whet Country?	7
within 72 hours after death with the Mandand	itel thygiene. d other than "natural", or items 23s or 28s-1 sho event, the Medical Examinar mast be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Wes Decedent Armed Forces? 1 Yes 2 X If Yes, Give Year or Dates:				of Hispanic Origin Cuban, Mexican, P No Specify:	? (Specify Yes uerto Rican, etc	or No-	Bied	e - American I ck, White, etc.	
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d 2 should be filed within 72 hours af	and Mentel Hygiene. merked other than " umatic event, the Mar	Completed	Elementery/Secondary (0-12) 12TH	College (1-4or 5	5+)	life. D	BLED	etired)		N	ONE		
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permit. Pages 1 ar	Department of Important: If eny Injury or once.		21. Signeture of Funerei Servica Mo	1	76	W.	H. BA	ON FUNER H STREET	AL HOME	INC.			
	ettending physician and for use es the buriel-transit	icai Examiner	Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events	b	Due to (or as a consequence of): Due to (or as e consequence of):								
ath certificete be ex	ttending ph or use es th	ian/Medical	resulting In death) Lest	d									
that the death	m 9	Physician	Part II. Other significant conditions	contributing to death be	ut not resulting	In the un	derlying caus	given in Pert I.	23b.		2 100 uee con		cause of death?
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Physician:	s certific director,	o Be	25. Wes case referred to medical examiner?	Hospitel:	. V.		aD 80.	Other	Deeth (Check				
g Phy	er this	n: To	1 Inpatient 2A EH/Outpetient 3 DOA 4 Nursin								njury occurr		
or Attending	들는	Certification:	1 Neturel 5 Pending investigation 3 Suicide 4 Homicide Pending investigation of determined		ion (Street r Town, St		er or Rural Ro	oute Number,					
he Hospital	in 24 hours he Funeral pletely filled	edicai	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner a										
Tott	within 2 To the	¥	29b. Signature and ti tle of cartific r	9961				ense number OCME				1, 19	
			30. Name end eddress of person who	completed cause of de				reet, B	laltimo	Te	Mary	haels	21201

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	stitution, gi	ve street end num		Onea	1 5		iven	Sr.	2. Dete of Dae Month March	Dey	Yeer	3. Time of Deeth
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MD	County		10c. (City, Town or L	ocation							10d. Insida City Lim
	orch	ester					Feder	als	burg			1 □ Yas 2 ☑ I
MD [10e. Street end Number 6717 B c	btow	n Road			10f. Zip	Code	2163	3 2		Og. Chizen of		
		12. Wes Dece Armed For 1 Yes If Yes, Giv Yaar or Da	rces? 2 🔯 No e						ecify Yes or No- Rican, etc.)	14. Rad Bla	a - Ameri ck, White,	can Indien,
15. C	ecedent's E	ducation		16e. Dece	dent's Usu	el Occuj	etion	at and comme	ina	16b. Kind of B	usiness/Ir	dustry
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5				lieavy	y Equ	ıipr	nent	0pe	rator	0.5.	ouga	Compa
17. Father's Name (First,							18. Moth	ar's Name	e (First, Middle, I	Meiden Suman	ne)	
	Bust	er Pie	Scri	ven			Ε	dit	h Tayl	or		
	lationship	(Type, Print)		19b. Meili	ing Address	(Street	end Numb	er or Run	al Route Number	, City or Town	Stata, Zij	Code)
Rose M. Wa	tson	Scriv	e n	PO	Box	232	2. Fe	der	alsbur	a. MD	216	32
1X Burlel 2 □ Crer	netion 3			Plece of Dispercametery, cre	osition (Ner metory or o	ne of other ple	ce)	i	Date	20c. Location	City or To	own, Stete
21. Signature of Funerel S	arvice Lica	nsee Eckew		F	ramp	ton	n-Haw	kin	s-Eskor	w Fune	ral	Home
23a. Part1. Enter the disa shock, or heert feilu	ase, or con e. List only	plications thet ca one ceuse on e	used the de ech line.	eth. Do not an	ter the mod	le of dyi	ng, such as	cardiac	or respiretory error	ast,		Approximate Interval Between Onsat and Death
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Cause (Disease or injury that initiated events	. <	C	Due to	/o							-	
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27. Menner of Deeth				28b. Time o)/
			, Day Yeer)	Injury	м			No				
	Could not b determined	28a. Pieca	of Injury - At g, atc. (Spec	home, ferm, str	reet, factory	, office					er or Run	el Routa Number,
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29b. Signature end title of	cartifiar	Λ			290	. Licans	a number		2	9d. Dete signe	d (Month,	Dey, Year)
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	141	10 613	DIOC	DULLIE	419	HVD		FPA	FIGISD	UIU.	1111	103/
	15. D. (Specify only Elementery/Secondary 5 17. Father's Name (First, M 19a. Informant's Neme/Re R O S e M . W a 20e. Method of Disposition 1X Buriel 2 Crem 4 Donetion 5 D 21. Signature of Funerel S 23a. Part1. Enter the disa shock, or heart feiture Immediate Ceuse (Final disease or condition resulting in deeth) Saquentially list conditions if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury their initiated events resulting in deeth) Lest Pert II. Other significant consummer? 1 Yes 2 M No 27. Menner of Deeth 1 Netturel 5 2 Accident 3 Suicide 6 4 Homicide 29a. Certifier (Check only only) 29b. Signature end title of the consummer of th	Elementery/Secondary (0-12) 5 17. Father's Name (First, Middla, Lass Bust 19a. Informant's Neme/Ralationship ROSE M. Watson 20e. Method of Disposition 1X Burlet 2 Cremetion 3 Deleter (Special Signature of Funerel Sarvice Lical Deleter) 21. Signature of Funerel Sarvice Lical Signature of Funerel Sarvice Lical Deleter (Special Signature of Funerel Sarvice Lical Deleter) 23a. Part1. Enter the disease, or conshock, or heert feilure. List only Immediate Cause (Final disease or conditions if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury the initialed events resulting in deeth) Lest Pert II. Other significant conditions of the cause of Deeth 1 Shelturel Significant Conditions of Deleth 29a. Certifier Significant Conditions of Deleth 3 Suicide Significant Conditions of Deleth 3 Suicide Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditions of Deleth 1 Shelturel Significant Conditi	15. 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Detection (Month of Could not be determined) 29a. Certifier (Check only one) 29b. Signature end title of cartifiar 30. Neme end/address of person who completed cause and manner.	15. Decedent's Education Specify only highest grede completed	15. Decedent's Education 16e. Dece (Give Interpretation of the property of	15. Decedent's Education (Specify only highest prede completed) 16e. Decedent's Use (Give kind of we life. DoNot's till. Donot and the life. Donot and lif	15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occur (Specify only highest grade completed) 17. Father's Name (First, Middla, Last) 18. Decedent's Usual Occur (Specify only highest grade completed) 18. Decedent's Usual Occur (Specify only highest grade completed) 18. Decedent's Usual Occur (Specify) 19. Tather's Name (First, Middla, Last) 19. Decedent's Usual Occur (Specify) 19. Decedent (Specify) 1	15. Decedent's Escusation (Specify only highest pre-de completed) 16e. 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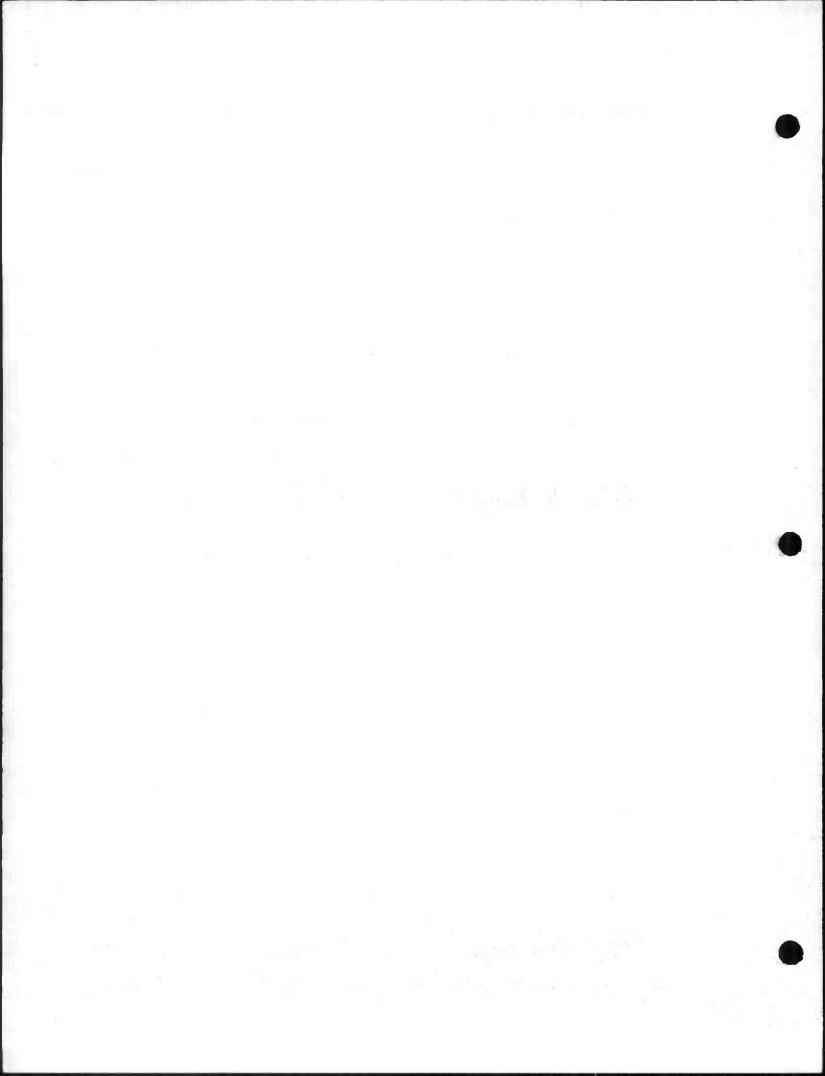
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	ai	Social Security Number 6. S	a street and num				Sm			2. Data of Deat Month McAA cation of Daath	Day		ar	3. Tima of Death	
/Medica Examined Funeral Director	ai	4a. Facility Nama (If not institution, given PENINSULA REGION 5. Social Security Number 6. S	a street and num	bar)						March ?	19,	1997	8	0730	
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ealth e		Regina Snoll	Sieta	r											
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Department of Important: If it any injury or o once.		21. Signatura of Funa nu deputice Licer	560							neral	Hor	e			
		4/				P.O.	Box	168	37.	Easton	. M	d.	216	01	
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within 24 hours efter deeth. To the Funeral Director: After this completely filled in by the funeral Medical Certification: T)	29a. Cartifiar (Check only one) Certifying Phy One) Certifying Phy One Phy	iner: On the bas	is of axaminat	wledge, daath lion and/or inv	occurrad at	the tima,	, data and nion, daath	placa, a	nd due to the ca	usa(s) a ta and p	nd manna place, and	r as state	ad. a causa(s)	
Me The	_	29b. Signature and title of certifier	and manna	a stated.	· · · · · · · · · · · · · · · · · · ·	200 1	Licansa r	number		20	d Deta	signed (M	onth De	v Veer	
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		1	lave	T ,	M. 0		03	069	0		Mar	ch d	7, 1	997	
	L														
		30. Nama and addrass of person who co	complated cause	of death (Itam	23a) (Type, I	Print)									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97

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						Certi	ificate of	f Death		R	eg. No.			
			1. Decedent's Nama (First, Middle, La	est)						2. Data of Daa			3. Tin	na of Daath
	Physic /Medi	cal	Donald Normar	Sutherla	ind			4b Cib. To		March	Day 21, 199		11	:54 PM
	Exami	ner	Mary Company of the C							ocation of Daath	4c. County			
			Frederick Memor				WIN-d		deri			ederi		
	Funeral Director		5. Social Sacurity Number 6. S 213-66-2262 Usual Rasidance of Decedant	5ax 1 □XM 2 □ F	ga (In yrs. last bi		If Undar 1 Yaa Months Day		Min.	8. Data of Birth (Month, Day Nov. 30	, 1918	9. Birthp Coun Aust	laca (St itry) ral:	iate or Foreign
	pue *		10a. Stata 10b. County		10c. City, Tov	vn or Loca	ntion					1	Od Inci	de City Limits
	72 hours efter death with the Meryland "netural", or itams 23a or 28s-1 show adjoal Examinat must be notified at	Director	Maryland Fre	derick			Fre	ederic	k			·		Yas 2 No
	th with t		7905 Clover Hi	ll Drive			10f. Zip Coda 21	702		1	Og. Citizan of	What Coun ralia		
	eep .	Funeral	11. Marital Status	12. Was Decedant Armed Forcas	Ever in U,S.	13. Wa	as Decedant of as, specify Cu	Hispanic Ori	igin? (Sp	ecify Yas or No-	14. Ra	ce - Amaric	an India	ın,
250	ours efter al', or it	by	1 ☐ Navar Married 2 ☐ Marriad 3 ☐ Widowad 4 ☐ Divorced	1 ☐ Yas 2 ☒ If Yas, Giva Yaar or Datas:	No		Yas 2 No			riioari, ato.	Specif			
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	d d d d d d d d d d d d d d d d d d d		Nita Sutherland,							e, Frede				
5	- F E E		20a. Mathod of Disposition		20b. Place of	of Disposit	ion (Name of				20c. Location			ta
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Da	permit. Pag Department Important: I any injury o		21. Signatura of Funaral Sarvica Licar	1 000	M00703	Kei 10	Nama and Add eney & 6 East	Basfor	rd P	.A. Fune reet, Fr	ral Ho	me k. MD	21	701
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	Physician		Shock, of heart failura. List only	į		l Between and Death								
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00:00	sicia bur	edicai	Ceuse (Disaase or injury that initiated avants	c	Due to for so a									
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or vital fiecolds,	requir	Completed								24a. Was a perform	n autopsy ned?	cor	ailabla pi	psy findings rior to n of causa
1	The law ate has page 2	E O								1 🗆 Ye	es 2 No			2 No
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	After fune	ation	Natural 5 Pending invastigation	(Month, Da		Injury	28c. Inje W	ork? ☐Yes 2☐		200. Dascribe no	w injury occur	red		
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	To the Hospital or within 24 hours afte To the Funeral Dirr completely filled in	edicai	29a. Cartifier 1 Cartifying Ph (Check only one) 2 Madical Exam	ysician: To the best niner: On the basis of and mannar st	if axamination ar	e, death oo nd/or inves	ccurred at tha t stigetion, In my	time, date an opinion, daa	d place, a	and dua to the ca	ausa(s) and mate end place,	anner as st end dua to	ated.	ise(s)
	To the He within 24 To the Fu	M	29b. Signature and title of certifier	0			29c. Licar	se number		2	9d. Data signa	d (Month, I	Day, Ye	ar)
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		1	30. Nama and address of parson who	complated causa of o	leath (Itam 23a)	(Typa Pri	int)	+410		,	J/ Z	X	/	
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State of Maryland / Department of Health and Mental Hygiene 97 | | 260

						Ce	ertifica	te of	Death			Reg. No.				
Dh	Iysicia	an	1. Decedent's Neme (First, Middle,	Last)							2. Dete of De Month	eeth Day	Year	3. Time of Death		
	Medic		Helen	Leona		SMITH				-	March 1	1997		1:11 P.M		
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	neral			6. Sex 1 ☐ M 2 🛣 F		yrs. last birthdey Yrs.	Months	Days	If Undar Hours	Min.	8. Deta of Bid (Month, Da	th 1894	9. Birthp	leca (Stete or Foraign Maryland		
	ector		220-30-9557 Usual Rasidence of Decedent		10	3]	-	Jail. Zi	1, 1094	ľ	aryrand		
inyland	181		10a. Stata 10b. County Maryland Free	derick	100	City, Town or L	ocation	Fr	ederi	ck			1	0d. Inside City Limits		
Se Me	office	Director		ACT 1011										1 Yas 2X No		
h with th	at be n		10e. Street end Number 5526 Old Nation	nal Pike			10f. Zij	p Code	217	02		10g. Citizen of	What Cour U.S.A	A.		
r dea	er ros	Funeral	11. Merital Stetus	12. Wes Dec	cedent Ever	in U,S. 13.	Was Dece	dant of H	lispanic Original	gin? (Spe	cify Yes or No Ricen, atc.)	- 14. Rec	ca - Americ ck, Whita,			
Z1Z15-UUZU d within 72 hours after death with the Maryland glene. r than "natural", or frems 23a or 28a-f show	edical Examiner rount be notified at	by	1 Never Merried 2 Marrie 3 Widowed 4 Divorced	lf Yas If Yas, G Yeer or I			1 🗆 Yes					Specifi		nite		
2-0-72 hg	disal	Completed	15. Decedent's (Specify only highest	Education grade completed)	16a. Deci	edent's Usu	el Occup	oation during most	t of workin	na	16b. Kind of B	usinass/Inc	dustry		
within lene.	the Ma	I du	Elementery/Secondery (0-12)	1	(1-4or 5+)	life.			during most							
y filled v			17. Fether's Name (First, Middle, L.	4			Arti	st	19 Mothe	r'o Nomo	/First Middle	self e		yed artist		
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2 should be and Mentals marked	traumatic	2	19a. Informent's Neme/Reletionshi			19b Meli	ing Addres	s (Street				er, City or Town,	State Zin	(Code)		
			Dorothy Smith Da		ce							aryland				
altimore, mit. Pages 1 ar partment of Hea	r other		20e. Method of Disposition © Buriai 2 ☐ Cremetion	DD-manueldes		b. Pleca of Disp cemetery, cri	osition (Ne	me of other ple	ca)	-	Dete	20c. Location				
Pag ment:	o kun		4 Donetion 5 Othar (Spe		N	Sount 01	ivet	Ceme	etery	Marc	ch 22,	1997 F	rede	rick, Md.		
permit. Pages 1 and Department of Heal Important: If Nem 2	any in		21. Signiflure of Funeral Service Li	censes		100021			ss of Facilit		d Funo	ral Homo				
205	0 5 2 9		23a. Part1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feliure. List only one cause on each line. 106 East Church Street, Frederick, Md. 217 Approximate Interval Between the complex of th													
	nysician Medical xaminer		23a. Part1. Enter the disaese, or o shock, or heert feilure. List o	omplications thet	caused the deech line.	death. Do not er	nter the mo	de of dyir	ng, such as	cardiec or	r respiretory a	rrest,		Approximate Interval Between		
			Immediate Cause (Final disease or condition resulting in death) e. Aspreation Previous.											Onset end Deeth		
			diseesa or condition resulting in deeth)	. A3P	RAT	9 MOT	VEUM	4,40.	-					MINUTES		
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pet p	ansit	Examiner	b. CEREBROVASCULAR ACCIDENT										i	10 Dxys		
exec in an	rial-tr	Exa	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause Disease or Injury											1 45		
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. 5 0	bed fo	Physician	Pert II. Other significant condition	s contributing to d	death but not	resulting in the	underlying	causa giv	ven in Part I.		23b. Dld	tobacco usa co	ntributa to	the cause of death?		
requires that the de	be detached for		DIABETES M	ELLTUS							10	Yes 2 No	3 Prof	bebly 4 Unknown		
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e law	296 2	d E												death?		
vician: The certificate h	or, page		OF three control of the state o								10		10]Yas 2□ No		
		o Be	25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☑ No	Hospitel:	l tomotions	o∏ ED/Outrotic		Oth Oth	or:		(Check only		(C)			
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i or Attending after death. Director: After	of e	ation	1 □Matural 5 □ Pending 2 □ Accident Investige		nth, Dey Yea	r) Injury	М		rk? ∣Yes 2 🔲 I	No						
Atter or dea	by th	3 Sulcida 6 Could not be determined 28a. Place of Injury - At home, ferm, streat, fectory, office								2	28f. Location (Street and Numl	ber or Rura	I Routa Number,		
S S S S S S S S S S S S S S S S S S S	L De	Cert	5 4 ☐ Homicide building, etc. (Specify)								Ony or 10	wii, Otalej				
To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After	completely filled in by the funer	edicai	29e. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the caminer: On the b	e best of my basis of exam oner steted.	knowledge, dee ninetion end/or i	th occurred nvestigetion	et the tir n, in my c	me, dete en opinion, dee	d pieca, e th occurre	nd due to the ed et the time,	ceuse(s) end me dete end pleca,	enner es si and due to	teted. the cause(s)		
To the	dwoo	×	29b. Signetura and title of certifiar	0	0		29	c. Licans	sa number			29d. Data signe	d (Month,	Dey, Year)		
			Dames (1000	sle	aus		D20	0488			3-20	0-9-	7		
		+	30. Neme and address of person w	ho completed cau	ise of deeth	(Item 23e) (Type	, Print)									
			James L. Roes					ch S	Street	, Mi	ddleto	wn, Mary	yland	21769		
	Stat		31. Date filed (Month, Day, Year)	1007 32.	Registrar's 9	ignature R	1.10									
Re	egistra	ar	MAR 2 1	133/		TO THE MAN	roans!									

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State of Maryland / Department of Health and Mental Hygiene

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Physician	_						f Deat			Reg. No.		
	_	. Decedant's Nama (First, Middla, La	st)						2. Date of Dec	eth Day	Yaer	3. Tima of Deeth
/Medical	_	Carrie			Si	mons			March	29, 19	97	9:17 P.1
Examiner		a. Facility Nama (If not institution, give	a street and numbe	or)			4b. City,	Town, or L	ocation of Death	4c. Coun	ty of Deeth	
		Pleasant Living	Convales	cent Ce	nter		Edg	gewat	er	Ahne	Arun	de1
Funeral	5		Sax 7. A	Aga (In yrs. last		If Under 1 Yea Months Day		er 24 Hrs. Min.	8. Date of Birt (Month, Da Dec . 2	h y, Year	9. Birthp	lace (Steta or Foraig
Director	-	578-56-9563 Jsual Residence of Decedant		86	Yrs.				Dec. 2	4,1910	Nort	n Carolin
yland now	-	Oa. Stata 10b. County		10c. City, To	own or Lo	ocation					1	0d. Insida City Limits
f show	5	Managara A										1 √ yas 2 No
the Mar 28a-f sh notified	8 ,	Maryland Anne Ar Oe. Straat end Number	under	AII	inapo	10f. Zip Coda				10- 04	11/2-1-0	22.72
th with	5	10C Amberstone C	t.			2140				10g. Citizan of	JSA	nry?
	1	1. Marital Status	12. Was Dacedar Armed Forces	nt Evar in U,S.	13.	Was Dacedant of If Yes, specify Cu	Hispenic C	origin? (Sp	ecify Yes or No-	- 14. Ra	ca - Amaric ack, Whita,	
by	5	1 ☐ Naver Marriad 2 ☐ Marriad 3 ☑ Widowad 4 ☐ Divorced	1 🔲 Yes 2 🕅 If Yas, Giva Yeer or Datas	No		1□ Yas 2⊠ N				Speci		ack.
		15. Decedant's Ed (Specify only highast gra	ducation da complated)	16	Sa. Dacad (Giva	dant's Usual Occ kind of work don DO NOT usa ratii	upation a during me	ost of work	ding	16b. Kind of I	Businass/Ind	dustry
iena. Tra Man "		Elamantary/Sacondary (0-12)	Collega (1-4or	r 5+)	'lifa. I						II	
CO Property	3	/th				Homemak	_				Home	
Department of Health and Mental Higher University of Health and Mental Highers Important: If Rem 27 is mericed other than any injury or other traumetic event, the Mance. To Be Compi		7. Fathar's Nema (First, Middle, Last, Wilson					18. Mot		a <i>(First, Middl</i> a, Carrie F		ma)	
and Men a marke sumatic		9a. Informant's Name/Ralationship (Type Print)	11	9h Mailir	ng Addrass (Strai	at and Num				Ctoto Tin	Code
traut												
other tre		Rita Simons-Macki Oa. Mathod of Disposition	e/ Daugna	20b. Placa	of Dispo	Post Oal sition (Nama of matory or other p	K Ka.	Anna	Data Data	20c. Location		
or or or		1XXBurial 2 Cremetion 3				natory or other pi Iem'1. P.		11-2		Landove		
niu niu		4 Donation 5 Other (Specific		narme	-				71	Lanuove	el, Ma	ii y i aiiu
permit. Page Department of Important: If any injury or once.	-	21. Signature of Funeral Section Licer	ipae		G	eorge P.	Kala	as Fu Isla	neral H	ome Edoewat	er. M	d. 21037
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lefrificate be executed ding physician and se as the burial-transit		Gaquentielly list conditions, any, laading to immadiate ausa. Entar Undartying ausa (Disaase or Injury net initiated events asulting In daath) Last	a. A cu									
M entire		·	d	-								
	P	ert II. Other significant conditions of	ontributing to death	but not rasulting	in tha ur	ndarlying ceusa g	ivan In Par	tf.	23b. Did t	obacco use co	ontributa to	the cause of death
igned by the detact		Organic demon	tia due	to mu	Clip	le sma	11 stra	Kes	101	res 2□No	3 Prot	bebly 4 Unknow
sen s ben s	_	and/or Algh	eimer d	ispage		Coro	nary		24a. Was a perfor	an autopsy med?	cor	ara eutopsy findings aileble prior to applation of ceusa death?
ne law ate has b paga 2 st		bosit de	PARR				/		1DY	as 2 No	10	Yas 2□ No
certificate rector, pag		5. Was casa rafarrad to medical	roy L				oc Die	on of Doot			1	1185 20140
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can be seen uning a see all Director: After the did in by the funer. Certification:	3 Sulcida 6 Could not be datarmined 28a. Placa of Injury - At home, farm, streat, factory, office bullding, atc. (Specify)								28f. Location (S City or Tow		ber or Rura	Routa Number,
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within 2 the comple	20	one) 9b. Signetura and title of certifiar	and mannar s	tated.								
3 - 8	-	S.S. Signotura and title of Certifial	11/1/			Zac. Licer	isa number	0	1	29d. Date sign	er (Month, L	1007
	_	Charles	V, Kr	1122	7	10	177	0	/	Varch	134	1777
	30	Nama and addrass of person who o	complated causa of	daath (Itam 23a	(Type, I	Print)	1017	1000	#100	A	2/100	11/17-
	17	Maries VV, K	111221	IVIV.	بالم	DIVIED	ual 1	KWY	+-100	Inna	15110	14/7/14/
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State of Maryland / Department of Health and Mental Hygiene 97 | | 262

	Ce	rtificate of	Deam	R	leg. No.					
iddle, Last) M A E		TODD		2. Dete of Dee Month MARCH	Dey Yes 24, 1997	3. Time of Death 10:40PM				
ition, give street end number)		1000	4b. City, Town, or Lo		4c. County of De					
er, Genesis El		WIL - 4 W	Salisbury		Wicomic					
1 N 2 N E	(In yrs. lest birthdey,	Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day	(Year) 9. E	Birthplece (State or Foreign Country)				
/3	Yrs.			October	18,1923	Maryland				
nty	10c. City, Town or L	ocation				10d. Inside City Limits				
.comico	Salisb	ury				11X Yes 2 ☐ No				
		10f. Zip Code		1	log. Citizen of Whet	Country?				
r Dr., Apt. 20	12	218	0/4		USA					
				-15 -24 24 -		- Josephan de Alexandra				
12. Wes Decedent E Armed Forces?	ver in 0,5.	If Yes, specify Cub	Hispenic Origin? (Spe en, Mexican, Puerto	Rican, etc.)	Bleck, W	merican fndlen, hite, etc.				
Merried 1 ☐ Yes 2√2 No If Yes, Give	0	1 ☐ Yes 2 ☑ No	Specify:		Specify:	White				
ped Yeer or Detes:										
dent's Education phest grade completed)	16e. Dece	dent's Usuel Occup	petion	na	16b. Kind of Busine	ss/Industry				
2) College (1-4or 54	life.	DO NOT use retire	during most of workind)	,,,						
_	'	rist			Flower					
fle, Last)			18. Mother's Name	(First, Middle,						
sick			Lillie	Mao I	Banks					
onship (Type, Print)			t end Number or Rura							
son	906	0 King F	isher Cour	t, Hebr	on, MD 21	830				
- 55	20b. Piece of Disp	osition (Name of metory or other ple		Dete	20c. Location - City	or Town, Stete				
on 3 Removal from State (Specify)		Cemeter		3/27/97	Caliaban	MD.				
ide Licensee		2. Nøme ønd Addre		0/2//9/	Salisbur	y, MD				
01/1/	St.		y Funeral	Home						
KAROCCEX	cel	501 Sno	w Hill Rd.	, Salis	bury, MD	21804				
, or complications that caused t list only one cause on each line	the death. Do not en	ter the mode of dyl	ng, such es cardiec d	r respiretory err	est,	Approximate				
not only only obtain an additional						Interval Between Onset and Death				
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	e. Certinory and decesse Due to (or es e consequence of): b. Certinory and decesse ye									
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litions contributing to death but	t not resulting in the u	ınderiying cause gi	ven in Part I.	23b. Dld to	obacco use contribe	ute to the cause of death				
				1 □ Y	'es 2□ No 3□	Probably 4 Unknow				
				24e. Wes 6		b. Were eutopsy findings aveilable prior to				
				perfor	med?	completion of cause of deeth?				
						OI Geeth?				
				1 □ Y	es 2 No	1 Yes 2 No				
ical			26. Plece of Deeth	(Check only or	16)					
Hospitel: 1 ☐ Inpatien	t 2 ER/Outpetie	nt 3 DOA Ot	her: 4 Nursing Ho	ne 5 Reside	ence 8 Other (S	pecify)				
28a. Dete of Injury	28b. Time o				ow Injury occurred	//				
ding (Month, Dey	Year) Injury		rk?]Yes 2 □ No							
ild not be 28a Bloom of Injur	n. At home form at			28f Location /S	treat and Number or	Rurel Route Number.				
building, etc.	ry - At home, farm, st (Specify)	reet, rectory, onice		City or Town		nurer noute reamber,				
29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner as steted.										
ifier /	1	29c. Licens	se number	2	29d. Date signed (Mo	onth, Day, Year)				
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on who completed cause of de	eth (Item 23a) (Type	Print)		1	/ /					
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AUDINO, M.D. 32. Begistrer	Signature	WAY DR.	SALISBURY,	MD. 21	.804					
O	on who completed cause of de	on who completed cause of deeth (Item 23a) (Type,	D-29.	D-29349 on who completed cause of deeth (Item 23a) (Type, Print) OBTNS - M. D 1104 HEALTHWAY DR - SALTSBURY.	D-29349 on who completed cause of deeth (Item 23a) (Type, Print) OBTNS, M.D., 1104 HEAT, THWAY DR., SALTSBURY, MD., 21	D-29349 D-29349 D-29349 D-29349 D-29349				

Registrar

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19b State of Maryland / Department of Health and Mental Hygiene

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			Item: 10e per F.H. G-7	46 4/17/97 reb	Cer	tificate o	f Death	F	Reg. No.	21	1140				
			1. Decedent's Name (First, Middle, La	st)				2. Dete of Dea			3. Time of Death				
	Physic		Milton Thomps	son				March	27,19	9 Year	7:14Am				
A. B.	/Medi Exami		4e. Facility Neme (If not institution, given				4b. City, Town, or				17/1111				
7	L. AGIIIII	101	Kent and Queer	Anno's He	cnital		Chaston	torm							
	Funeral				yrs. last birthday)	If Under 1 Ye		8. Date of Birtl	Ken		ace (State or Foreign				
Н	Director			M 2□F	71 Yrs.	Months Day	s Hours Min	2-9-1	(, Year)	Ar.	lace (State or Foreign try)				
Н			Usuel Residence of Decedent		7.1			2 / 1.	720	712 •					
	ylen Mon		10a. State 10b. County	100	. City, Town or Lo	cation				10	Od. Inside City Limits				
	Mary 1	ţ.	Md. Kent		Chester	rtown					1 ☐ Yes 2 No				
	284	100	10e Street and Number 22525			10f. Zip Code)		10g. Citizen of \	Whef Coun	try?				
	3a o	Funeral Director		Road		2162	0		USA						
	deeth	Jer	11. Marital Status	12. Was Decedent Ever		Vas Decedent o	f Hispanic Origin? (S	pecify Yes or No-		ce - America	en Indien,				
0	fler fler	E	1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 ☑ No	le le	Yes, specify Co	ıben, Mexican, Puer	to Rican, etc.)		ck, White, e	etc.				
050	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1	I□Yes 2011N	o Specify:		Specify	Blac	ck				
21215-0020	72 hours after deeth with the Maryland natural, or items 23a or 28a-f show often Examiner must be notified at	Completed	15. Decedent's E	ducetion	16a. Deced	lent's Usuei Occ	upetion		16b. Kind of B	usiness/Ind	Justry				
215	hin 7	pie	(Specify only highest grant Elementary/Secondary (0-12)	Coilege (1-4or 5+)		kind of work dor DO NOT use reti	e during most of wo red)	rking		,					
7	d wit	OT	08	Oollogo (7-401-54)	0	ionstr	yetion-	laborer	Coni	stru	cition				
b	othe othe	Be	17. Father's Name (First, Middle, Last)				me (First, Middle,							
a	lid by	TOE	Aaron Thompson	ı			Mahaly	Ducion							
altimore, Maryland	short and A	_	19a. Informant's Name/Relationship	Type, Print)	1915 Mailin	g Address (Stre	et and Number or R	ural Route Numbe	r, City or Town,	State, Zip	Code)				
Σ	ond 2 27 le r tra		Mrs.Doris Thom	oson	2252		hore Rd.								
ē,	f Her f Her tam othe		20a. Method of Disposition		b. Plece of Dispos			Dete	20c. Location -						
9	Deficiency, Midryjania ZIZIS-0020 permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mentel Hygiene. Important: if Itam 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumetic svent, the Medical Experiment be notified at once.		1 Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special	Removel from State	sbury (4-5-97	hester	rtowi	n Md				
=	it. Partme		21. Signaturia of Funeral Service Lice		00	. Name and Add	tean of Facility								
B	Depa Impo any i		120	5 MM005	10		W	ALLEY F							
			207 Calvert St.Chestertown, Md. 216 21a. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, into the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, into the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, into the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, into the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, into the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, in the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, in the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, in the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, in the disease, of complications that caused the death.												
				Approximate interval Between Onset end Death											
	Physician /Medical	-	Immediate Cause (Finel	0	A		0	1			- 0				
	Examiner		Immediate Cause (Finel disease or condition resulting in death) a. Repture of Thoracic Control Answers Dua to (or as a consequence of):												
п		4		Dua	o (or as a conseq	uence of):									
	ted nsit	Examiner		b		9									
	and and	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	Due	o (or es e conseq	uenca of):									
68760,	ertificete be axecuted ling physicien and se as the burial-transit														
387	phys the	edicai	that initieted events resulting in death) Last	Due t	o (or es e consequ	uence of):									
×		ξ		d											
8	atten for us	Physician								i					
o.	The law requires that the deeth sie has been signed by the atter page 2 should be detached for u	ysic	Pert II. Other significant conditions of	ontributing to death but not	resulting in the un	nderlying ceuse	given in Part I.	23b. Did t	obacco use co	ntribute to	the cause of death?				
0	hat fi		Hypertensu	***************************************				101	res 2 No	3 Prob	eably 4 Unknown				
Records,	signed d be del	l by	11						P. Daniel Co.	T 0.45 W/s					
0	v require been si should	Completed						24a. Was e	en autopsy med?	ava	ara autopsy findings allable prior to apletion of cause				
ec	law las b	npi								of d	laath?				
_		Con						1 🗆 Y	es 200 No	10	Yes 2□ No				
Division of Vital	certificate rector, pag	Be	25. Was case referred to medical examiner?				26. Place of De	ath (Check only or	na)						
-	Physician: this certific	70	1 ☐ Yes 2 12 No	Hospitel: 1 Inpatient	2 ER/Outpatient	t 3□ DOA	Other: 4 Nursing I	lome 5 ☐ Resid	enca 6 □Oth	er (Specify)				
0	aling Ph. h. After thi funeral	: "	27. Manner of Death 1 □ Natural 5 □ Panding	28a. Data of Injury (Month, Day Yea	r) 28b. Time of Injury	28c. In	jury at fork?	28d. Dascribe h	ow Injury occur	red					
Ö	Attending or death. ector: After by the fune	atic	2 Accident Investigatio	1	☐ Yes 2☐ No										
5	I or Attending after death. Director: After d in by the fune.	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	е	28f. Location (S City or Tow		er or Rural	Route Number,							
Ō	s after state of in be	Cer		building, etc. (Specify) City or Town, State)											
	Hospita 24 hours Funeral stely filled		29a. Certifier 12 Certifying Ph	ysician: To the best of my	knowledge, death	occurred at tha	tima, data and place	, and due to tha	ause(s) and ma	anner as st	ated.				
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the f	edical	(Check only 2 Medical Exar	niner: On the basis of exam and menner steted.	nination and/or Inv	estigation, in my	opinion, death occu	irred at tha time, o	lata end place,	and due to	the cause(s)				
	To the within 2 To the comple	M	29b. Signature and title of certifier				nse number	2	29d. Date signe	d (Month, I	Day, Year)				
			161/11hus	mi		D	2/3/3		3/3	1/97	7				
			30. Name and eddress of person who		Item 23a) (Type I				- /	(()					
		8	Kin Kuc Wun M I			•		1 1 04							

State Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month ^{Day} 29 1997 **Physician** Laura ELLEN Toadvine March 1:45 PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Wicomico Nursina Home Salisbury Wicomico 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** Days 1 □ M 2 X F Yrs. 220-26-2225 Director 93 August 4,1903 Maryland Usual Residence of Decedant the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylas Department of Haaith and Mentai Hyglene. Important: If Item 27 is merked other than "natural", or Items 23a or 28e-f ahow any injury or other traumetic avent, the Medical Examples must be notified at Maryland Wicomico Salisbury 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1300 Snow Hill Rd. 21804 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yea, Give Year or Datas: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - American Indian. 11 Marital Status Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usuai Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working lifa. DO NOT use retired) Elamantary/Secondery (0-12) Coilege (1-4or 5+) Recreation 12 Bookkeeper 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Sumame) Be Stansbury Farlow Rosa Parker 19b. Mailing Address (Street end Number or Rural Routa Numbar, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Richard Toadvine/son 1304 Snow Hill Rd., Salisbury, MD 21804 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramoval from State Parsons Cemetery 4/2/97 Salisbury, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Addrass of Facility M01051 Holloway Funeral Home 23a. Part1. Enter the disaasa, or complications trait caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximata Interval Batwean Onset and Death Physiclan Immediata Causa (Final disaesa or condition rasulting in death) /Medical a. Acute myocandial infance Examiner Examiner Dua to (or as a consequence of): the attending physician and thed for use as the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaase or Injury that Initiated evants resulting In daath) Last Box 68760. Tural de 2011) Physician/Medical Dua to (or as a consequence of): Inbetes 4 elli las P.0. Part II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☒ Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an eutopsy performed? peen 185 page 2 certificate 1 ☐ Yas 2 ☐ No 1 □ Yas 2 □ No the Hospital or Attending Physician: thin 24 hours efter deeth. the Funeral Director: After this certifica mpletaly filled in by the funeral director, Be 25. Was casa refarred to medical axaminar? 26. Place of Deeth (Check only ona) Hospitel: Othar: 4 X Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2X No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of Injury 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28c. Injury at Work? 1 (ZNetural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Certifian Medical completaly 1 To the Vithin 2 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) MAnch 30-47 D02026 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print) MD 1622 A Ocean Pines, Berlin, Md. 21811 F.G. Arthes,

32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

MAR 31 1997

	Physic	ian	Decedent's Neme (First, Middle, La	•	yland / Dep		Health and I	Mental Hyg	giene Gleg. No.	Yeer	3. Time of Deeth
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di.	Exami	ner	4a. Fecility Nama (If not institution, giv				4b. City, Town, or I		4c. County		
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	Funeral Director		5. Social Security Number 6. S 217-70-4270 Usual Residence of Decedent	ex 7. Aga (// ☑ M 2□ F 37	n yrs. lest birthday Yrs.	Months Dey		8. Date of Birth (Month, Dey JUNE 22	, Year)	9. Birthp Coun MARYI	elece (Steta or Foreign stry) LAND
	wo #		10a. State 10b. County	10	c. City, Town or L	ocation				1	0d. Insida City Limits
	8a-f sh	Director	MARYLAND ANNE ARU	INDEL	ANNAPOLI	S					1 ☐ Yes 2X No
	or 2	Ö	10e. Street end Number			10f. Zip Coda		1	0g. Citizen of	Whet Coun	itry?
	ath w		219 BROWNSWOOD			2140			US		
	er de	Funeral	11. Marital Stetus	12. Wes Dacedent Eva Armed Forces?	r in U,S. 13.	Was Decedent of If Yes, specify Cu	Hispenic Origin? (S Iban, Mexican, Puert	pecify Yas or No- o Rican, etc.)		14. Race - American Indien, Bieck, White, etc.	
5-0020	ours afte	by	1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 XNo If Yas, Giva Yeer or Detas:		1□ Yes 2☐N			Specif		
2	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health and Mental Hygiene. Department of Health and Menta	etec	15. Decedent's Ed (Specify only highast gra	lucation de completed)	/Give	dent's Usuel Occ	e during most of wor	kina	16b. Kind of Business/Industry		
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Ž	Mer Mer	To	AARTHUR THOMAS,					. STANSB			
Maryland	12 st h enc ls n		19a. Informent's Name/Reletionship (I ARIE STANSBURY (M.				et end Number or Ru				Coda)
	Healt Healt Her		20e. Method of Disposition	-	20b. Plece of Disp		OD KD. AN				
imore,	Pages ment of 8 ant: If Ite ury or of		1 Buriel 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specify	Removal from Stata	ASBURY B	metory or other p. ROADNECK	CEMETERY	4/3/97	ST. MAR	GARE	rs, MD.
Balti	Dependition of the series of t		21. Signeture of Funerel Sarvice Licen	see			Deficition of Pacific Cemeters 4/3/97 St. Margarets, MD. and Address of Facility ESE & SONS MORTUARY, P.A. ST. ST. ANNAPOLIS, MD. 21401 Be of dying, such as cardiac or respiratory errest, Approximating the property of				
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			shock, or heart feilura. List only	one ceuse on each line.		_/					Onset end Deeth
			disaase or condition resulting in death)	e. Hoper	soll	atre (Collin	regal	7 de	2013	The
BOX 68/60,	death certificate be axecuted e ettending physician end id for use as the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avents resulting in deeth) Lest	b. HSPE	to (or es e consecto (or es e	quence of):	EMM PAU 1	Noall	iene		/oyes
'n	death e ette d for	cia	Pert II. Other significant conditions of	entributing to death but no	of resulting in the I	Indodvina cause o	ahvan in Bert i	22h Did to	hecco use co	atributa to	the causa of death'
5	the y th	hys		and I	A. I	inderlying cause g	/	1 □ Y			pably 4 Unknow
	ned e	by P	Chamil W	XV Jan	em.	10 Ce	m		200-110	0_,,,,,	ALLOW THE CHANGE
Hecords,	has been s pa 2 should	Completed b	Apply loca	red S	epho	me		24e. Wes e perform	med?	cor of o	pre eutopsy findings bilabla prior to npletion of ceusa death?
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6	Phys r this aral di		27. Menner of Deeth	28e. Dete of Injury	28b. Time o	IL SEL DON	4 LI Nuising m	ome 5 ☐ Reside 28d. Describe ho			1)
/ision	Attending ir death.	tion	1 ☐ Neturel 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Dey Ye	ar) Injury	W	ork? ☐ Yes 2 ☐ No		,,		
N N	Attendil er death. ector: A by the fu	tification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury -	At home, ferm, st	reet, fectory, office		28f. Location (St	reet end Numb	er or Rura	Route Number,

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated.

29c. License number

To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b

29e. Certifier (Check only one)

29b. Signature and title of certifiar

30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

31. Dete filed (Manth Dev, Year)

APR 0 1 1997

32. Registrer's Signeture

APR 0 1 1997

Bidgeli And Annopus Wes

29d. Data signed (Month, Day, Yaer)

Registrar

State

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Deeth

20 1997

Month

MARCH

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1924

3. Time of Deeth

Physician /Medical Examiner

BENJAMIN TONGUE

1. Decedent's Neme (First, Middle, Last)

Funeral Director

with the Meryland r 28a-f show show

permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or any injury or other traumatic event, the Medical Examiner must be nonce.

Baltimore, Maryland 21215-0020 **Physician** /Medicai Examiner certificate be axecuted attanding physician end for use as the burial-transit Division of Vital Records, P.O. Box 68760, 88 signed by the a d be detached f page 2 s certificate Attending Physician: funeral director, After this after deeth. 6 24 hours Hospital completely To the within 2

4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year | if Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) JUNE 25 105 5. Sociel Security Number 7. Age (In yrs. last birthdey) 6. Sex 9. Birthplece (Stete or Foreign 1⊠M 2□ F MARYLAND 38 Yrs 216-78-2994 25 1958 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Ves 2 □ No Directo MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code STREET Funeral 1804 B COPELAND 21401 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Yes 2 🕅 No It Yes, Give Year or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☒ No Specify. BLACK Specify: Ď 3 Widowed 4 Divorced Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) CLERK MILLS LIQUOR STORE 11th 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be HERBERT TONGUE MARY V. THOMPSON 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DOROTHY TONGUE (SISTER) 1804 B COPELAND ST. ANNAPOLIS, MD. 21401 20b. Pieca of Disposition (Neme of cemetery, cremetory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) CHEWS CHURCH CEMETERY 3/25/97 OWENSVILLE, MD. 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility WM. REESE & SONS MORTUARY, P.A. arry ees 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart tailure. List only one cause on each lina. Approximata ntarvai Bets Onset end Deeth Immediete Cause (Finel disease or condition resulting in deeth) nts Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or es e consequenca of): Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wera autopsy tindings evallable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yas 2 ☐ No Be 25. Was casa referred to medical 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1□ Yes 2☐ No 1 inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Naturel 5 Pending Investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to tha causa(s) and manner as steted. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and menner stated. (Check only one) 29b. Signature and titleyof certifie 29c. License number 29d. Date signed (Month, Day, Year, 30. Name end eddress of person who completed cause ot death (item 23a) (Type, Print) GREGORY MITCHELL 205 RIDGLEY AVE. ANNAPOLIS, MD. 21401 31. Dete filed (Month, Dey, Year) 22. Registrer's Signature

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DHMH 16 Rev 6/95

State

Registrar

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п	Physic	an	Decedent's Neme (First, M.	iddla, Las	st)					2. Data of De Month	eath Day	Year	3. Tima of Deeth	
	/Medi		ROSA M. TYLI							MARCH		7	0752	
	Examir	er	4a. Facility Name (If not instit			nber)			4b. City, Town, o	or Location of Deat	th 4c. County	of Death		
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	Funeral		5. Social Sacurity Number	6. S	9X □ M 2□ F		. last birthday) Yrs.	If Under 1 Year Months Days	If Undar 24 H	in. (Month, Di	rth ay, Year) 19	9. Birthp	placa (Stata or Foreign ntry)	
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Division	Attending ir daath. ector: Aftar by tha funa	Certification:	1 ☑Natural 5 ☐ Pe 2 ☐ Accident inv	nding astigation		h. Day Year)	Injury		Yas 2 No					
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Ö	s after	Seri	4 Hornicide	/	buildin	ig, atc. (Speci	ny)			City of To	iwn, Stata)			
	To the Hospital or Attending Physician: Tha i within 24 hours after death. To the Funeral Director: After this cardificate he completely filled in by the funeral director, page	Medical	29a. Cartifiar 1 Certi	fying Phy cal Exam	rsician: To tha l Iner: On tha ba and mann	sis of axamina	owiedge, death ation and/or In	occurred at tha ti	ima, data and pla opinion, daath o	ace, and dua to the ocurred at the time	causa(s) and m , data and place,	annar as s and dua te	tated. o tha causa(s)	
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			Nama and addrass of per	RK	omplated cause	of death (Ite	m 23a) (Type,	Print) MED. F	ARKWA	y Ano	rapolis	me) 2140/	
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DHMH 16 Rev 6/95

Physics and the

State of Maryland / Department of Health and Mental Hygiene

97

29d. Date signed (Month, Day, Year)

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						Certi	ificate	of	Death		Reg. No.		1200	
	Physic		1. Decedent's Name (First, Middle, L Katherine	Tayman						2. Date of Do Month	Day	Year	3:15 am	
	/Medi Exami		4a. Facility Name (If not institution, ga						4b. City, Town, or t	March ocation of Deal		997 ty of Death	, 15 am	
	EAGIII		1009 Shore Ac:	res Road					Arnold		A	nne Ar	cundel	
	Funeral Director		578-09-7827	Sex 1 □ M 2 ☒ F	yrs. lest b		If Under 1 Months	Year		(Month, D	rth ay, Year) , 1915	9. Birthplace Country) Mary	a <i>(St</i> ate or Foreig	
	wo man		Usual Residence of Decedent 10a. State 10b. County	10	c. City, To	wn or Loca	tion					10d.	Inside City Limits	
	the Marylen 28s-f show	ctor	MD Anı	ne Arundel		Arno	1 d						1☐ Yes 2☐ No	
	with th	Dire	10e. Street and Number 1009 Shore Act	naa Daad			10f. Zip C				10g. Citizen of Whet Country?			
	ath w	rai							1012		US			
20	within 72 hours effer death with the Maryland ene. than "naturat", or items 23a or 28a-f show he Medical Evantiver must be recified a	by Funeral Director	11. Marital Status 1 Never Married 2 Married	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give	in U,S.				lispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)	o- 14. Ra BI Spec	eck, White, etc.		
00-	natural',		3 ☐ Widowed 4 ☒ Divorced 15. Decedent's E	Year or Dates:	16	a. Deceder	nt's Usual (Occur	ation			Business/Indus		
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	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death) a. Heart Failure Due to (or as a consequence of):										Lays	
		Jer	Due to (or es a consequence of): b. arteriosciens de Cardiovascula des years a consequence of):											
	cuted nd transit	Examiner	Sequentially list conditions,	0000	Clovas	cues a	7	Xann						
90,	se exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events											
68760,	rufficete be executed ng physician end as the buriel-transit	Physician/Medical	c. Due to (or es e consequenca of):										1	
Box	death cert e ettendin ed for use	sician	Part II. Other significent conditions	dcontributing to death but no	et resulting	in the unde	eriving cau	ise div	en in Part I.	23b. Dld	tobacco use c	ontributa to th	e cause of death	
P.0	that the de led by the e										Yes 2□ No			
Records,	requires been sign should be	Completed by								24a. Wes	s an autopsy ormed?	availa	autopsy findings ble prior to etion of cause th?	
	0 - 0	mo								10	Yes 2 No	1 🗆 Y	es 2 No	
Ita	ysician: The s certificate director, par	Bec	25. Was case referred to medical examiner?						26. Plece of Dee	th (Check only	оле)			
of Vital	d is	10	1 ☐ Yes 2 X No	Hospital: 1 Inpatient	2 ER/0	utpatient	3□ DOA	Oth	er: 4 Nursing H	ome 5ARes	ldence 6 □O	ther (Specify)		
	Ing After une	ation:	27. Menner of Death 1 Naturel 5 □ Pending 2 □ Accident Investigation			Time of Injusy	M 280	i. Injur Wor 1 □	yat k? Yes 2 □ No	28d. Describe	how Injury occi	urred		
Division	P S P	Certification:	3 Suicide 6 Could not to determined	28e. Place of Injury - building, etc. (S		arm, stree	t, factory, o	office			28f. Location (Street end Number or Rural Route Number, City or Town, State)			
	Hospital or 24 hours afte Funeral Dir etely filled In	dical	29a. Certifier (Check only and) 1 Certifying Pl	nysician: To the best of my miner: On the basis of exe and manner stated.	knowledg	e, death o	ccurred at stigation, In	the tir	ne, date and place pinion, deeth occu	, end due to the rred et the time,	ceuse(s) and r dete end plece	nenner es state e, end due to the	d. e cause(s)	

State Registrar

APR 0.2 1997

32. Registrar's Signeture

29c. License number

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State of Maryland / Department of Health and Mental Hygiene 97 | 1269

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State of Maryland / Department of Health and Mental Hygiene

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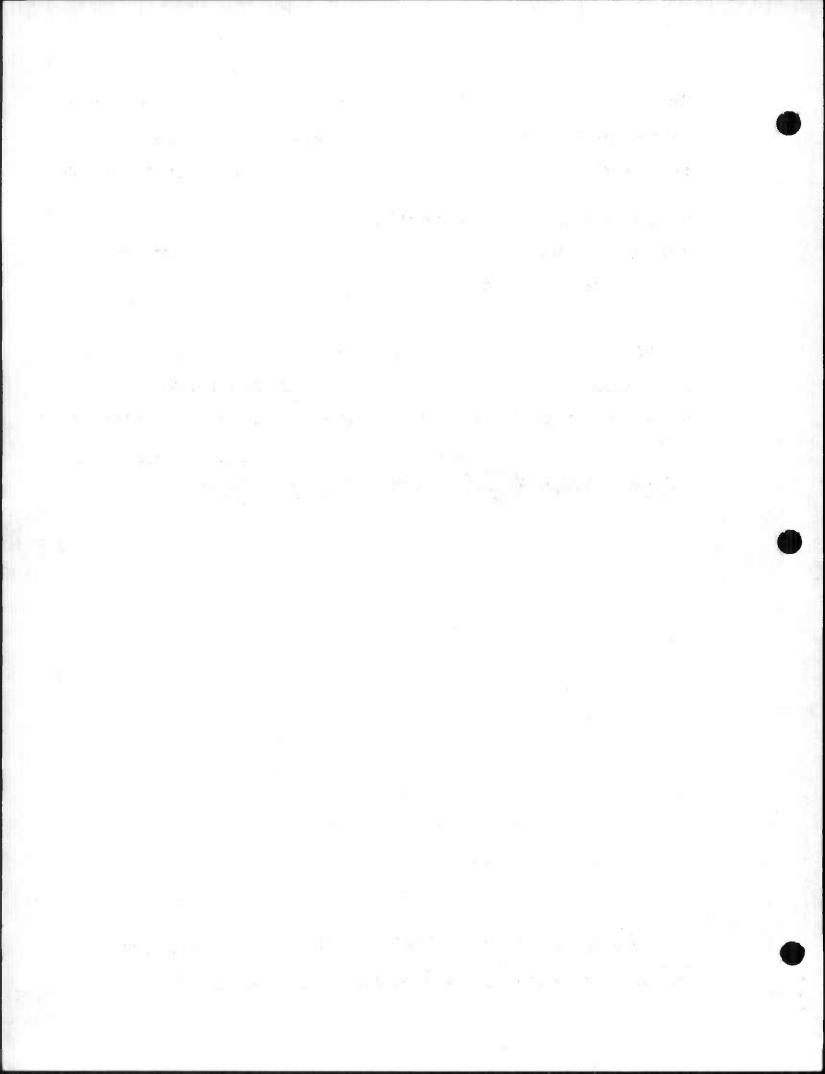
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	Funeral Director		5. Social Security Number 6. S 214-42-0520 1	ax 7. Aga XDM 2□F	a (In yrs. last t	Yrs.	Months	1 Yaar Days		24 Hrs. Min.	8. Data of B (Month, D 19-Set	irth lay, Year 5-43)	9. Birthpla Country Mary lar	y) .	ata o <i>r Foraig</i> n
	e Menylend	ctor	10a. Stata 10b. County Maryland Allegar	ny	10c. City, To		ocation						П	100		la City Limits
	th with th	rai Director	10e. Street and Number 5 Broad	dway			10f. Zip	Coda 215	32-			10g. Ci	What Country?			
Maryland 21215-0020	2 should be filed within 72 hours after death with the Meryland and Mental Hygiene. Is marked other than "natural", or Items 23a or 28a-f show aumatic event, the Medical Examinet must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 Yas 2 If Yas, Giva Yaar or Datas:			Was Deced If Yas, spec 1 ☐ Yas			jin? (Sp , Puarto	ecify Yas or N Rican, atc.)	0-	Blac	e - Amaricar ck, Whita, at White		١,
5-0	72 h	eted	15. Decedant's Ed (Specify only highast gra	lucation da com <i>plated)</i>	16	(Giva	dant's Usua kind of wo	rk done	during most	of work	ing	16b. F	Kind of Bu	usinass/Indu	stry	- 51
121	d within piene. r than	Completed	Elementery/Secondary (0-12)	Collega (1-4or 5	i+) Lo	iifa. abore	DO NOT ÚS Br	sa retin	9d)			State	Gove	emment		
9	should be filed withind Mental Hygiene. marked other than imatic event, tre M		17. Fathar's Nama (First, Middla, Last)						18. Mothai	r's Name	a (First, Middi					
lan	Aental Ked c tic ev	To Be	Milton Richard Walte	rs					Mo	ary El	Ellen Beeman					
lan	s 1 end 2 should f Health and Mer tem 27 Is marke other traumatic		19a. Informant's Name/Ralationship (Type, Print)	15	b. Meili	ing Address	(Stree	at and Numbe	r or Run	al Routa Numi	ber, City	or Town,	Stata, Zip C	2ode)	
2			Richard Robinette	Nephew			et Court		На	gerst	own	Ma	ryland	d 217	740-	
Baltimore,	permit. Peges 1 end Department of Health Important: If item 27 any Injury or other tr once.		20a. Mathod of Disposition ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	cemat	Place of Disposition (Name of cematary, cramatory or other place) Frostburg Memorial Park 02-Apr-97 Pate 20c. Location - City or Town, State 20c. Location - City or Town,							3				
Bal	Depart Import any In		21. Signature of Funeral Service Licen	Durch	_				ass of Facility I Home,		rost Ave.	., Fros	tburg	, MD 2	1532	
	Physician	23a Pari 1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													Approxi ntarval Onsat a	mata Between and Death
	/Medical Examiner	disassa or condition rasulting in death) a. Victor That C Caycins m A Dua to (or as a consequence of):								- of Pa	ma	eas	1	k m	ionth S	
'n	executed an and rial-transit	Examiner	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Causa (Disaasa or Injury	b. ————	Dua to (or as a	consec	quence of):									
ox 68760,	the death certificate be executed y the attending physicien and sched for use as the burial-transit	Dua to (or as a consequence of):														
. 80	death ce e attend od for us	sicia	Part II. Other significant conditions of	ontributing to death bu	ut not rasulting	in tha u	ındarivina c	ausa o	ivan in Part I.		23b. Die	tobacci	D USO CO	ntributa to t	the cau	sa of death?
, T.	s that the de pned by the a	by Physician														4 □ Unknown
Records,	lew requires that as been signed b	Completed I									24a. Wa	s an auto formed?	opsy	avali	lable pr	osy findings rior to of cause
Ĭ	The ate h	E O									10	Yas 2	No	10	Yas :	2 No
Vital	clan: ertifica	Be	25. Was case referred to medical axaminer?							of Daat	h (Check only	ona)				
0	Physician: this certific ral director,	2	1 Yas 2 No		nt 2 ER/C			/A			ma 5 Ras					
Division	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral process.	Certification:	27. Menner of Death 1. Natural 5 Panding 2 Accident invastigation 3 Sulcida 6 Could not be 4 Homicida determined		Year)	Tima o Injury farm, str	М		Yes 2 N	40	28d. Dascribe 28f. Location City or To	(Street a	nd Numb		Routa I	Vum <i>ber</i> ,
בֿ	lospital or I hours aft unerel Dir ily filled in	edical Cer	29a. Cartifiar 1 Certifying Ph	ysician: To the bast of	of my knowledg	je, deat	h occurrad	at tha t	lme, dete end	plece,	end due to the	e ceusa(s	s) and ma	anner as stel	ted.	ea(e)
	the H hin 24 the Fi	Medi	one)	and mannar sta	ted.	ind/of In				n occurr	ed at the time					
)	5	2	29b. Signatura and titla of certifiar	\sim			290		2/24	+4		29d. Di	ata signe	1197	By, Yea	ir)
	This		30. Nama and addrass of person who of Jesus H. Tan, M.D., Fro					d 2	1532					1		
	Sta	ite	31. Data filed (Month, Day, Year)		r's Signatura	1.41										

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

6		Decedant's Nama (First, Middla, Last)	Cei	rtificate of	Death	2. Dete of Da			3. Tima of Deeth
Physic /Medi		Francis	Theo	dore	War	ren	March	31 ^{Day} 19	9 ^{Year}	9:05PM
Examin		4e. Fecility Nama (If not institution, giva Physicians Memorial Ho				46. City, Town, or La Plata	Location of Deeth	4c. County		
Funeral Director			7. Age (In yrs	. last birthday) Yrs.	If Undar 1 Year Months Days	If Under 24 Hrs Hours Min.	8. Deta of Bird (Month, Da APRIL	th y, Year) 21,1919	9. Birthple Count MAR	ace (Stata or Foreig V) YLAND
dand dand		Usual Rasidance of Decedent 10a. State 10b. County	10c. C	ity, Town or Lo	cation				10	d. Inside City Limits
the Marylan 28a-f show	tor	MARYLAND CHARLES	н	LLTOP/W	ELCOME					1 ☐ Yas ZON
or 28	i e	10e. Straat and Number			10f. Zip Coda			10g. Citizan of V	Vhat Count	ry?
eth with	rall	#2567 ANNAPOLIS WO			2069			UNITED :	STATE	S
d within 72 hours after deeth with the Maryland giene. The netural, or items 23a or 28a-f show the Moncal Extra referent be notified at	by Funeral Director	11. Maritai Status 1 □ Navar Married ② Married 3 □ Widowad 4 □ Divorcad	12. Wes Dacedant Evar in the Armed Forcas? 1 ☐ Yas 2 Ñ No If Yas, Giva Yaar or Datas:		Vas Decedent of H f Yas, specify Cube I □ Yas 2፟ No	ispanic Orlgin? (S an, Maxican, Puer Specify:	pecify Yas or No to Rican, atc.)		e - Amarica k, Whita, a BLAC	tc.
	Completed	15. Decedant's Edu (Spacify only highast grad	cation a complated)	16a. Dacad	lent's Usual Occup	ation during most of wo	rkina	16b. Kind of Bu	sinass/Ind	ustry
	JdE.	Elamantery/Secondary (0-12) 6TH GRADE	College (1-4or 5+)	lifa. L	OO NOT use ratired	1)	Ning	mD ANGD		TON
		17. Fathar's Neme (First, Middla, Last)		DUS	CONTRAC		ma (First, Middle,	TRANSPO		ION
\$ E \$ \$	To Be	FRANK WARREN					ARSHALL		9)	
d 2 should th end Men 7 Is marke traumatic		19e. Informant's Name/Raiationship (Ty	pa, Print)	19b. Mailin	g Addrass (Straat				Stata, Zip (Code)
E = O L		MARY GERTRUDE WARR	EN / WIFE	2567	ANNAPOLI	S WOOD R	OAD, HIL	LTOP, M	ARYLA	ND 20693
f it		20a. Method of Disposition 12 Burlai 2 □ Cramation 3 □ R		Place of Dispos camatary, crem	sition (Nama of natory or othar plac	e)	Data	20c. Location -	City or Tow	vn, Stata
permit. Pages 1 ar Depertment of Haa Important: If item 5 any Injury or other once.		4 □ Donetion 5 □ Other (Specify)	SA	-	ART CHUR			LA PLATA	A, MA	RYLAND
permit. Pag Depertment Important: I any Injury o		21. Singular of Funaral Service Lines SIA C. THORNTO 23a. Part1. Enter the disease, or complishock, or heart failure. List only or	N JOHNSON MO	0583 34	ORNTON FI	GSTON RO	AD, INDI	AN HEAD	, MD.	20640
auth certificate be executed example attending physician and bor use as the burial-trensit	n/Medical Examiner	Immediate Cause (Final disaasa or condition rasulting in daeth) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last	Dua to (c	or es e consequence or established or es e consequence or established or es e consequence or established or es e consequence or established or es e consequence or established or est	uanca of):	y Dife	are.			
daath e atte	sicial	Part II. Other significant conditions con	tributing to death but not res	sulting in the un	darlylng causa give	an in Part I	23h Did t	obacco usa con	tribute to	the cause of death
v requiras that the daath cer been signed by the attendin should be detached for use	by Physician/M	Left Ventic	ular Jevi b		orona	ry				ably 4 Unknow
2 8 8	Completed	Heat Oflan	۷.				24a. Wes a	an autopsy med?	eval	a autopsy findings labla prior to spletion of cause seth?
ysician: The lav s certificate hes director, page 2	S						1 🗆 Y	as 2 No	10	Yas 2□ No
Physician: rthis certific rral director,	00	25. Was casa rafarrad to medical examiner?	ospital:		Othe	26.	ath (Check only o			
this aidi	7: To	1 ☐ Yas 2 ② No '' 27. Mannar of Death	1 Inpatiant 2	ER/Outpatient 28b. Tima of	3LI DUA	4 LI Nursing H	oma 5 Rasid	lanca 6 Othe		
ath. :: Afte	ation	1 Natural 5 ☐ Panding invastigation	(Month, Day Year)	Injury	28c. Injury Work	(? Yas 2□No				
To the Hospital or Attending Phwilin 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarmined	28a. Place of Injury - At h building, atc. (Special	oma, farm, stre	eat, factory, offica		28f. Location (S City or Tow	Street and Numbern, Stata)	er or Rural	Routa Number,
Hospi 24 hou Funer letely fill	edicai	29a. Certifier (Check only one)	er: On the best of my kno er: On the bests of exemine end mannar stated.	wiedge, deeth tion end/or inv	occurred at the tim astigation, in my or	e, dete and placa plnion, death occu	, and dua to the c rred et tha time, c	cause(s) end mer data and placa, e	nner as sta and dua to t	ted. ha causa(s)
within To the	Garage	29b. Signatura and title of certifiar	000	1-1	29c. Licanse	number	- 2	29d. Data signad	(Month, D	ay, Year)
	_	Molatt	G. S.R	HI 1H	D-125	587		April O1,	1997	
		30. Nama and eddress of parson who con Girija Rath,MD.,Cenna N				l Waldons N	horaland o	0602		
	1	31. Data filed (Month, Day, Yaar)		~ 1000	Indi	I TIMULTUOL I	on A TOTAL T	VVV		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Whittington Month March **Physician JOSEPH** ALFRED 23 /Medical 4e. Facility Neme (if not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex 1 → M 2 □ F If Under 1 Year 9. Birthplece (State or Foreign Country) KINGSTON, MD. 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys 79 217-03-4359 Yrs Director 27 17 Usuel Residence of Decedent 10s State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show the Maryl 1 Yes 2 No Director SALISBURY MD. WICOMICO 10s. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or : traumatic event, the Medical Examinar must be n 805 EAST ROAD USA 21801 Funeral permit. Pages 1 and 2 should be filed within 72 hours after death.
Department of Nestin and Mental Hygiens.
Important if Item 27 is marked other the 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑Nyes 2 ☑ No If Yes, Give Yeer or Detes: WW11 Wes Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specity Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 No Specify: þ Specify: 3 DWidowed 4 □ Divorced BLACK 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry Elementary/Sec 10th oondary (0-12) College (1-4or 5+) CHEF LABORER 18. Mother's Neme (First, Middle, Malden Surneme)
HELEN WHITTINGTON 17. Fether's Neme (First, Middle, Last) Be ARZAH WHITTINGTON 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SALISBURY, MD. 21801 507 OVERBROOK DRIVE; JANET AMES 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 DXBurial 2 Cremetion 3 Removel from State 4 □ Donetion 5 □ Other (Specify) GREEN ACRES MEM. PARK 3-29 SALISBURY, MD. 21. Signature of Funerel Service Licenses 22. Name and Address of Facility JOLLEY MEMORIAL CHAPEL 1213 JERSEY ROAD; SALISBURY, MD. 21801 23a. Part1. En er the disease, or complications wet caused the heath. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Onset end Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in deeth) 9 months Lung Examiner Due to (or es a consequence of): Examiner physician and s the buriel-transit the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or as a consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): attending p signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 15 Yes 2 No 3 Probably 4 Unknown þ been si 24e. Wes en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Completed hes 1 Yes 2 No 1 ∏ Yes 2 ∏ No certificate Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 MER/Outpatient 3 ☐ DOA this funeral 28c. Injury et Work? Certification: 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred After 1 Neturel 5 Pending investigation To the Hospital or Attendir within 24 hours efter death.
To the Funeral Director: At completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, etreet, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner steted. 29e, Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 030690 Mark DY 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) E. Carroll St. Salisbury MD Martin M.D.

32 Registral's Signeture Parlett

Registrar

State

14 . .

The Mark Street Street Street

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Please Ty

2 Date of Dooth		0 7	7	-40	
Certificate of Death Reg. No.					
State of Maryland / Department of Health and Mental Hygiene	97		2	7	3
pe of Print in Black indelible ink. Assure All Copies Are L	-				

Physician /Medic Examir

1. Decedent's Neme (First, Middla, Last)

2. Dete of Deeth Month MADCH Day 3. Tima of Death 2-35 DM

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23 or 28a-f show any injury or other traumatic event, if a Hadical Examinat he notified at any injury or other traumatic event, if a Hadical Examinat he notified at any once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attanding Physician: The law requires thet the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

1	DOROTHY	ı	MARIE		WESSE	ELL				Month MARCH	23	1	997	12:3	35 PM
r	4a. Facility Name (If r	not Institution, glv	a street and nur	n <i>ber)</i>						ocation of Deet	th 40	. County	of Death		
	SALISBURY	CENTER (Senesis	Elder	Care			Sali	Lsbur	cy, Md.	Wi	comi	CO		
	5. Social Security Nur 214-18-48		ex □M 2⊠F	7. Age (In yr.	s. last birtho Yr	Mont	dar 1 Yaar hs Deys	If Undar Hours	24 Hrs. Min.	8. Deta of Bi (Month, Do			Coui	ntry)	te or Forai g n
	Usuel Residence of D	Decedent							l	1 June 9	, 1923		Mary	Laud	
	10a. Stata	10b. County		10c. C	City, Town o	or Location							1	10d. Inside	City Limits
	Maryland	Wice	mico		Sali	sbury								¹₽X	es 2 No
	10e. Street and Numb					10f.	Zip Code				10g. Ci	tizen of V	What Coul	ntry?	
-	1002 Bea	glin Par	7					1804				USA			
	11. Marital Status		12. Was Dece Armed For	rcas?	U,S.	13. Was De if Yes, s	cedent of hapecify Cub.	lispanic Or an, Maxica	rigin? (Sp n, Puarto	pecify Yes or No Rican, atc.)	0-		e - Amario k, Whita,	can indian atc.	,
	1 ☐ Never Merriac 3 ☐ Widowed 4		1 Tes If Yes, Giv Yeer or Do	a		1 ☐ Yes	s 2⊠ No	Specify	:			Specify	. Wh	ite	
		5. Decedant's Ed			16e. D	Decedent's U Give kind of life. DO NO	suai Occup work done	ation during mos	st of work	king	16b. H	(ind of Bu	usinass/In	dustry	
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	Edward N									<i>ral Rou</i> te Numb alisbur				(Code)	
F	20e. Method of Dispo-	·		20b.	Place of D	Disposition /	Neme of		, ,	Dete	-			own, State	
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ŀ	4 Donetion 5			ent W	icomi	co Mer	noria] and Addre	-		3/27/97	Sa	alist	oury,	MD	
l	21. Signeture of rune	A C	1 10	141010	5/		lloway			Home					
1	Na	vie 9	t. Ubo	moon	2	501	Snor	J Hil	1 Rd	. Sali	sbur	cv. N	4D_21	804	
	23a. Pert1. Entar that shock, or heert	diseese, or com feilura. List only	plications that co	aused tha das ech line.	ath. Do not	t entar the r	noda of dylr	ng, such as	cardiac	or respiretory	errest,	- , ,		intervei E	Between
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I	resulting In death)		a.	Duelo	(or as a co	nsequenca	of):						1	1-10	
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ŀ	Sequentielly list cond if eny, leading to Imm cause. Enter Underly Ceuse (Disease or Inj	ring iury											1		
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l	Pert II. Other algnifica	ant conditions o	ontributing to de	eth but not re	sulting in th	he underlyin	ig cause giv	en in Pert	1.	23b. Did	tobacco	uae co	ntributa t	o the caus	se of death?
l										1 🗆	Yes 2	2□ No	3 Pro	bably 4	Unknow
													0.0 100	and the con-	
										24a. Wes	en euto ormed?	ppsy	av	ere eutops ailable pri emplation o	sy tindings or to
													ot	deeth?	or Causa
										1 🗆	Yes 2	1 No	1[□ Yas 2	B No
-	25. Wes case reterred axaminar?	d to medical						26. Plec	e of Deel	th (Check only	one)		4		
	1 Yes 2 No	0	Hospitel: 1 🗆 II	npatient 2	☐ ER/Outp	etient 3	DOA Oth	ner: 4 🗷 Ni	ursing Ho	ome 5□Res	Idenca	6 Oth	er (Specil	fy)	
	27. Menner of Deeth	5 Pending	28e. Dete d (Monti	of Injury h, Dey Year)	28b. Tim Inju		28c. Injui Wor			28d. Describe	how Inju	ry occur	red		
	2 ☐ Accident	invastigation				М		Yes 2	No						
	3 ☐ Sulcide 4 ☐ Homlcide	6 Could not be determined	289. PIECE	of Injury - At large, etc. (Spec	home, term cify)	n, street, tac	tory, office			28f. Location (City or To			er or Aur	al Routa N	lumber,
-	29e. Certifier 11 (Check only 21 one)	☑ Certifying Ph	Inar: On the ba	sls of exemin	owledge, d	deeth occurr or investiget	ed et the tir	me, dete er opinion, des	nd plece, eth occur	end due to the	cause(s date an	e) end me	enner es s end due t	stated. the ceus	e(s)
1		le of certifier	end menn	er Steted.			20c Linear	e number			20d D	ata cian-	d (Month	Day Vas	rl
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1104 HEALTHWAY DR., SALISBURY, Md. 21804

Milita Registrar 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

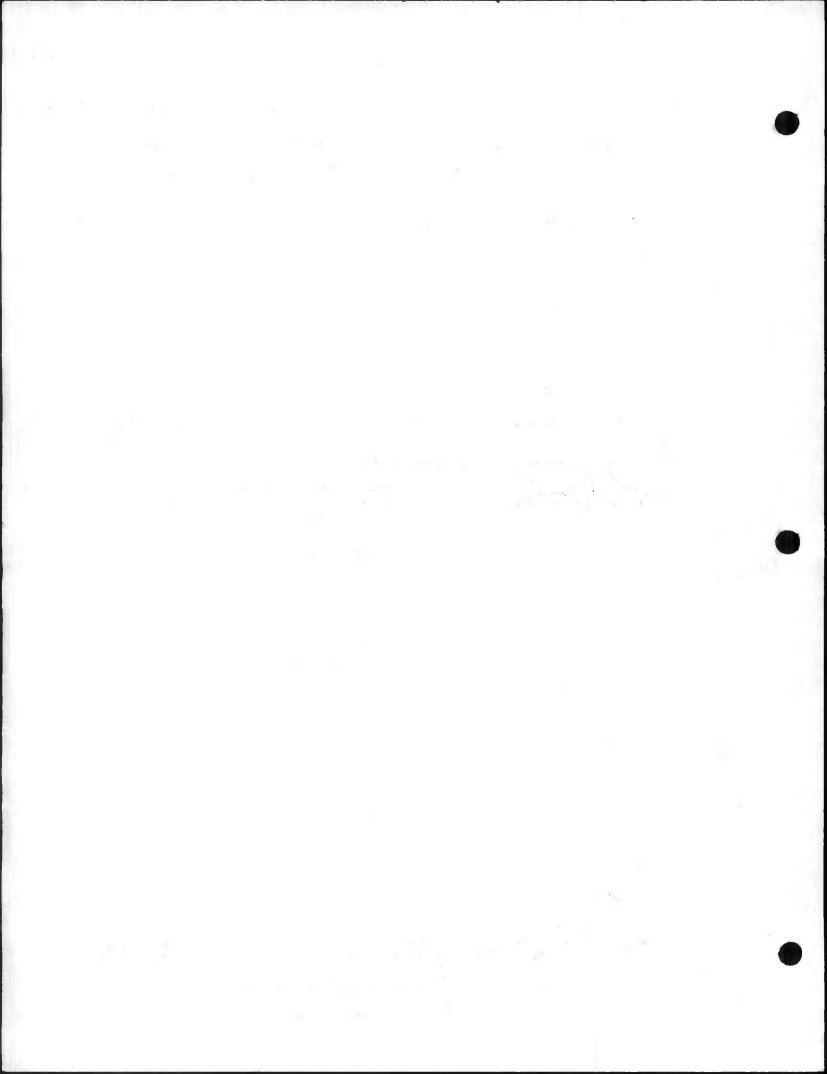
32 Pegistrar's Signature Fixed Structure Randell

William H. Robins, M.D.

31. Data filed (MoMAR)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97

					Cert	ificate	of	Death			Reg. No) .		
		1. Decedent's Name (First, Middle,	Lest)							2. Dete of [3. Time of Deeth
Physic /Medi		Doreatha Idell	Kellev	Wagner						Month	29.		Yaar 7	7:04PN
/iviedi Exami		4a. Fecility Neme (If not institution, g					4	4b. City, To		cation of De	. 1	. County		1801111
		Frederick Memor	ial Hospit	- 1				Frede	rick		E.	rede	riole	
Funeral				ge (In yrs. lest b		If Undar 1	Yaar	If Under		8. Dala of E (Month, I				laca (Stete or Foreign
Director	0	212-14-6522	1□ M 2∏ F	78	Yrs.	Months I	Deys	Hours	Min.	(Month, t	Dey, Yeer,	1 Q	Coun	land
		Usuel Residence of Decedent		70						sept o	, 19.	10	rialy	Tallu
natural, or items 23a or 28a-f ahow		10e. Stete 10b. County		10c. City, To	wn or Loca	alion							1	0d. inside City Limits
thems natural, or items 23s or 28s-fahow The Medical Examinet must be notified at	o.	Maryland Freder	ick	Mt. A	1 200									1 1 Yes 2 □ No
289	Directo	10e. Street end Number	ICK	Ht. A	лгу	10f. Zip C	ode				10a. Ci	tizen of V	Vhat Coun	itry?
3		500 77111 6												
T.	era	502 Hill Street	12. Wes Decedent	Ever in II C	12 18/0	2177		lianania Ori	ala 2 /0 - a	alfe Van au h			Stat e - Americ	
10.0	Funeral		Armed Forces	?	If Y	Yes, specify	y Cuba	an, Maxican	, Puerto F	cify Yes or I Rican, etc.)	10-		k, White,	
	by F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	If Yes, Give	NO	1 [∃Yes 2Ž	X No	Specify:				Specify	. T	71a d 4
	D D		Year or Dates:											Mhite
	Completed	15. Decedent's (Specify only highest of		16	(Giva kir	nt's Usual (done o	durina most	t of workir	ng	16b. K	and of Bu	isiness/Inc	dustry
	ш	Elementery/Secondery (0-12)	College (1-4or			O NOT use	retired	3)						
		11		<u> </u>	omema	iker					se.			
	Be	17. Father's Neme (First, Middla, La	st)					18. Mothe	r's Neme	(First, Midd	le, Maider	Sumem	e)	
	70	John Raymond K	elley					Sadi	e Id	dell	Brown	Ω		
		19e. Informent's Neme/Ralationship	(Type, Print)	19	b. Melling	Address (3	Street	end Numbe	or or Rure	Route Num	ber, City	or Town,	Stete, Zip	Code)
		Carol Wagner / d	aughter	6	09 S.	Mair	n S	treet	, Mt.	Airy	, MD	21	771	
		20e. Method of Disposition		20b. Plece	of Disposit		of			Dete	1	ocation -	City or To	wn, State
		1 Burial 2 Cramation 3 Donetion 5 Other (Special							1/. /	2/07	364	A	21	1 1
		2), Signature of Fuyural Service Lic		Pine (. y ss of Fecilit		2/97	Mt.	Alry	, Ma	ryland
8000		100			Sta	uffer	r Fi	unera	1 Hon	nes, P	. A.			
	Ш	yan Va	1 2000-	_	8 E	E. Ric	dge	ville	BLVI), Mt.	Air	y, M	D 21	771
		23a. Part1. Enter the disease, or ee shock, or heart failure. List on	y one cause on each i	d the deeth. Do ine.	not entar	tha mode o	of dyln	ig, such es	cardiec or	raspiretory	errest,			Approximete fntervel Between
ian	16		0											Onsal and Death
cal		fmmediata Ceuse (Finel disaase or condition	1-	witt .	INT	Va co	211	wal	14	mo	ache	221		8 hv
er		resulting in deeth)	θ	Due to (or as e				21, 1	110	·VVV	VV V-C	- gr		0.11.
-	ner													
	Examiner	Sequentially list conditions	b	Due to (or es e	conseque	enca of):								
		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury												
	edical	thet initieted avents	c	Due to (or es e	conseque	ince of):								
f		resulting in deeth) Last		D00 (0 (0) 03 0	Consequa	ilioe oi).								
	3		d											
	Physician													
	ysi	Pert II. Other significant conditione	contributing to death b	oul not resulting	in tha unde	erlying cau	ise giv	en in Pert i.		23b. Di	d tobacco	use con	tribute to	the cause of death?
										10	Yes 2	No	3 Prot	pably 4 Unknown
	b											-		
	Completed										s an euto formed?	psy	646	ere eutopsy findings elleble prior to
	pie												of o	mpletion of causa deeth?
	ПО									10	Yes 2	No-	1 [Yes 2 No
	Be C	25. Wes case referred to medical						28 Place	of Dooth	(Check only		7		7
		axaminer?	Hospital:	ADED/O		оП по 4	Oth	er:				a 🗆 🗆		
	. To	27. Menner of Deeth	28a. Dete of inju		Time of	3□ DOA		4 LI NU	-	ne 5 □ Re: 8d. Describ			ar (Specify	//
	Certification:	1 Neturel 5 ☐ Pending	(Month, De		Injury	M	Worl	k? Yes 2 □ l		od. Dodonibi	s riote iiija	ly occurr	ou	
	cal	2 Accident Invastigati	be -					165 2 1		01.1	(0)	101 0		
	ŧ	4 ☐ Homicide determine	d 28e. Piece of in	jury - At homa, f c. <i>(Specify)</i>	arm, street	t, fectory, o	office		2	8f. Location City or T	(Street ar own, Stete	nd Numbe a)	er or Rura	l Routa Number,
	edical	29e. Certifier Certifying F	hysician: To the best miner: On the basis o	of my knowledg	e, deeth or	ccurred et l	the tim	ne, dete end	d pieca, e	nd due to the	e cause(s) and me	nner es st	eted.
	8	one)	and menner st	ated.	1001 11100	sugotion, in	i iiiy Op	pillion, doet	n occurre	d of the time	, date on	a pieca, e	5110 000 10	tile Cause(s)
	2	29b. Signature and title of comilier	- 1	4		29c. L	icense	e number			29d. De	ta signed	(Month, I	Dey, Year)
		1 Xo De	Mu	JM	D	n	071	86			-	+/	110	17-
		30. Name and address of person who	completed cause of c	leath (Item 23e)	(Type Pri		0/1	.00				1	-1-	1
		Shapiro, Philip	()				1110	Fra	dorio	le MD	21"	701		
Sta	te	31. Deta filed (Month, Dey, Year)		S Signature			iue,	, rie	TELIC	K, MD	217	UI		
عاد gistr		APR n	2 1997	who draws	Gor Ra	roball								
						41								



State of Maryland / Department of Health and Mental Hygiene 97 | | 275

						Cer	tificate of	Death	Re	g. No.		
			1. Decedent's Name (First, Middla	Last)					2. Data of Deat	n		3. Tima of Death
	Physic		Robert L	eonard Web	b				March 24	Day 1997	Year	10:35 AM
1	/Medi Examii		4a. Facility Nama (If not institution,	giva street and number,)			4b. City, Town, or	Location of Death	4c. County	of Death	
1	LXamii	101	Montgomery G	eneral Hosn	ital			Olney		Mont	comei	rv
	Funeral				ga (In yrs. last	birthday)	If Under 1 Yea	r If Under 24 Hrs	8. Date of Birth			
	Director		420-28-4670 Usual Rasidance of Dacedent	1፟፟፟∭ M 2□ F	69	Yrs.	Months Days	s Hours Min	8. Date of Birth (Month, Day, March 1]	Year) 1928	Alah	elaca (Stata or Foreign etry) Dama
	Pand Mand		10a. State 10b. County		10c. City, To	own or Loc	cation				1	0d. inside City Limits
	dary ed	5	Maryland Montg	omery	Silv	ver S	pring					1 ☐ Yes 2X No
	28.0 10.0	Director	10e. Street and Number		<u> </u>		10f. Zip Code		1/	og. Citizen of V	That Coun	stn/2
	with a s	ā		0 - 4 h D - 1			209	0.6	,			uyr
	s 23	eral	14503 Ke1m	12. Was Decedant		12 W			Pagifu Van ar No	Amer	_	an indian,
_	Hen d	Fun	1 Nevar Married 2√2 Marrie	Armed Forces	?	If	Yes, specify Cu	Hispanic Origin? (S ban, Maxican, Puer	to Rican, atc.)	Biac	k, White,	etc.
20	rs af	by F	3 ☐ Widowed 4 ☐ Divorced	if Yas 2 ☐ if Yas, Giva Yaar or Datas:	WWII	1	☐ Yas 2 🖫 No	Specify:		Specify	W	hite
21215-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show policel Examiner must be notified at		15. Decadant		*****	Sa. Deced	ant's Usuai Occu	upetion		6b. Kind of Bu	ainass/Inc	dustry
215	- 1	Completed	(Specify only highast Elementary/Secondary (0-12)	grada complated)		(Giva I lifa. D	kind of work don: OO NOT use ratir	a during most of wo	rking			
21	be filed within tal Hygiena. d other than "seent, tre like	E	Clomentary/Secondary (0-12)	Collega (1-4or	3+)	Sc	hool Te	acher		Educa	tion	
	Hygied offied	BeC	17. Father's Name (First, Middla, L	ast)				18. Mothar's Na	me (First, Middla, N	laidan Sumam	a)	
<u>a</u>	T 5 0 0	To	Grady Webb					Berth	a Elizabe	th Dun	ne	
Maryland			19a. Informant's Name/Ralationsh	p (Type, Print)	1	9b. Mailin	g Addrass (Stree	et and Number or R	ural Routa Number,	City or Town,	Stata, Zip	Coda) 20906
	1 and 2. Health er em 27 le other trau		Karen Webb - W	ife					ve, Silve			
re,	of Hear		20a. Method of Disposition		00000	of Dispos	sition (Nama of satory or other pl	1		20c. Location -		
Baltimore,	permit. Pages Department of important: If its any injury or o		1 Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp.						3/29/97	Tampa,	Flor	rida
Ħ	artm orta		21. Signature of Funeral Sarvica L			22.	Name and Addi	rass of Facility				
Ö	Depa Impo		Acres 7	· W.11.	1	01	in L. M	olesworth	, P.A., I	Funeral	Home	2
			23a. Part1/Entar the disease, or o shock, or heart failure. List o	omplications that cause	d the death D	26	401 Rid	ge Road,	Damascus,	Maryl	and,	20872-011 Approximata
	Dhuaisian		shock, or heart failura. List o	nly ona causa on each li	ine.	o not unte	in the mode or dy	mig, addit as calcia	o or raspiratory arra	101,		Intarval Between Onset and Death
	Physician /Medical		Immediate Causa (Final			1	Λ				1	
	Examiner		disaase or condition rasulting in daath)	. Cerebr				Dent	(5 Trok	e)		3 DA45
		<u>e</u>			Dua to (or as	a consequ	uance of):				į	
	eath certificete be axecuted ettending physician and for use as the burial-transit	Examiner	Convention lies and distance	b	Dua to (or as	0.0000000	ionos of):					
oʻ.	axec in an	Exa	Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying		Dua to (or as	a consequ	aanoa orj.					
68760,	ertificete be axecuted ling physician and e as the burial-transit	edicai	that initiated events	c	Dua to (or as	a consequ	iance of):					
68	g ph	Pe	resulting in daath) Last		244 10 (01 40	a oonooqo						
Box	ndin use	M/u		d								
0	thet the death ce ned by the ettendi of detached for use	Physician/	Part II. Other significant condition	e contributing to death t	out not reculting	a in the un	dorhring course o	in Part I	22h Didtoi	hacco use cor	tribute to	the cause of death?
0	the ache	hys							1 \(\text{Ye}			bably 4 Unknown
ر. دو	thet ned t	by P	CONGESTIVE	HE ART	P	4161	ine			40,140	0 1100	ably 4 ondiowi
Division of Vital Records, P.O.	w requires thet the death been signed by the etter should be detached for u	D D	PERIPHENO				C4		24a. Was ar	autopsy	24b. Wa	ara autopsy findings
00	> 30 0)	jet	PERIPHEND	12 NASI	cular	1	piter	TIE	perform	ned?	COL	aliabla prior to mpletion of cause death?
æ	Tha law ate has t page 2 s	Completed							1 □ Ya	s 200 No		
<u>re</u>	iclan: Tha lav certificate has rector, page 2	ŏ	25. Was casa referred to medical								11]Yas 2□ No
>	certi	o Be	axaminar?	Hospital:	2DEB#	Outnotions	2004 0	ther:	ath (Check only one			
o	Phy r this	1: 70	27. Mannar of Death	28a. Data of Inju	ry 28b	Outpatient o. Tima of			lome 5 ☐ Reside			//
O	ding th.	ţ	1 Naturai 5 ☐ Panding 2 ☐ Accident invastiga	(Month, Da	y Year)	Injury	28c. Inje We M 1	onk? ⊒Yas 2⊡No	THE CHILDREN			
S	dea ctor	flca	3 ☐ Suicida 6 ☐ Could no	t be	iury - At homa.	farm, stre	eat, factory, office	•	28f. Location (Str	eat and Numb	er or Rura	Routa Number,
2	after Dire	Certification:	4 ☐ Homicida detarmin	building, at	c. (Specify)	,			City or Town	, Stata)		
	To the Hospital or Attending Physician: The la within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page		29a. Certifiar 1P-Certifying	Physician: To the best	of my knowled	na. death	occurred at the I	tima, data and piaci	a and due to the ca	usa(s) and ma	nnar as st	rated
	24 h 24 h Fur etely	edical		caminer: On the basis o	f axamination a							
	ithin o the ompl	Me	29b. Signature and title of certifier				29c. Licer	nse number	29	d. Date signed	(Month, I	Day, Year)
	- s - ö		Roma a	Rosai	mp		D	24543	1	nanch	25.	1997
			7	he completed source of a	death /Itam 02a) (T	Delmi)					
			James A, Rossi	140 7775	NOAT	a) (Type, F	LARE CUDA	UD BLVI	SILVER	Sprine	mi	20901
	Sta	10	31. Data filad (Month, Day, Yaar)	32. Registr				J- /	1			
	Registr	ar	MAR 2 6	199/	lar's Silvature	ion to	ball					

State of Maryland / Department of Health and Mental Hygiene 9 7

					Certifica	te of	f Death			Reg. No.		
5 -3 -1		Decedent's Neme (First, Middle, La	st)						2. Dete of De			3. Time of Deeth
Physic /Medi		Peter A.	Wellin	gton					March	24, 199	Yeer 7	2:00 AM
/Medi Exami		4e. Fecility Neme (If not institution, giv		<u> </u>			4b. City, To	wn, or Lo	cation of Deet			
		Montgomery Gene	ral Hosni	tal			0	1ney			tgom	0.837
Funeral		5. Sociel Security Number 6. S	-	e (In vrs. lest birt	hday) If Und	er 1 Yea		24 Hrs.	8. Date of Bir	rth	_	olece (Stete or Foreign
Director		492-46-0548	MM 2□ F	52	rs. Months	Deys	s Hours	Min.	Octonth, Be	2. Year 943	Mis	Souri
		Usuel Residence of Decedent										
/lanc		10a. Stete 10b. County		10c. City, Town	or Locetion						1	10d. Inside City Limits
Mar 1	to	Maryland Howard		Dayto	n							1 ☐ Yes 2 ☑ No
the 128	9	10e. Street end Number			10f. Z	ip Code			-	10g. Citizen of	What Cour	ntry?
With With	Funeral Director	4952 Ten Oaks F	o a d									,
ns 2	era	11. Maritel Status	12. Wes Decedent	Ever in U.S.	13 Wes Dec	210		nin? /Sne	city Ves or No	Americ		cen Indien,
ftar d	F	1 Never Married 2 Married	Armed Forces? 1 ⊠ Yes 2 □	,				, Puerto i	cify Yes or No Ricen, etc.)		ck, White,	etc.
21215-0020 d within 72 hours after death with the Maryland giene. If then "natural", or frams 23a or 28a-f show the Medical Exercise mast be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes Give	Viet Nam	1 ☐ Yes	24 No	Specify:			Specify	y: Whit	te
thurs	8	15. Decedent's Ed			Decedent's Us	ual Occi	inetion			16b. Kind of B	usinese/în	dustry
215 in 72 in 72	plet	(Specify only highest gra	de completed)		(Give kind of w life. DO NOT	ork done	e during most	t of working	ng			
than than	Completed	Elementery/Secondery (0-12)	College (1-4or:	5+)		alys				U.S. D	epart	ment of
Hyg Hyg		17. Fether's Neme (First, Middle, Last)					T	r's Name	(First, Middle	, Meiden Sumen	efens	se
d be antal sad of cave	o Be	T	.11.								,	
marki marki	70	Joseph D. W 19e. Informent's Name/Reletionship (10h	Mailing Address	e (Strac	GW6	endo]	yn Fe	erris er, City or Town,	Ctata 7/4	Codel
Maryland of 2 should be file lith and Mantal Hy 77 Is marked oth traumstic avent												
Haal Haal		Jane B. Wellingt	on - wire	20b. Plece of	Disposition (No	Oak eme of	ks Road	d, L	Dete Dete	Maryla 20c. Location		
altimore, mit. Pages 1 ar partment of Hea portent: If Item 3 y Injury or other		1 ☐ Buriel 2 ☐ Cremetion 3 ☐	Removel from State	cemetery	, cremetory or	other pla		T.,				
Itin		4 Donetion 5 Other (Specific		Honego	1				. 3/23	Betheso	ia, M	aryland
Baltimore, Maryland 21215-0020 permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haalth and Mantal Hygiena. The programment of Haalth and Mantal Hygiena. The programment of Hams 23s or 28s-4 show Important: If Item 27 is marked other than "natural", or itams 23s or 28s-4 show any Injury or other treumstic avent, the Medical Examiner man be notified at once.		21. Signature of Funeral Service Licen	X C 1 1	,	01in I	nd Addi	ress of Fecility 1eswo:	rth.	P.A	Funera1	Home	2
		Port L.	Villian	nr						s, Maryl		20872-0117
		23e. Pert1. Ent r the diseese, or com- shock, or hear feilure. List only	olications that caused one cause on each li	the death. Do no	ot enter the mo	de of dy	ing, such es	cerdiec o	r respiretory a	rrest,		Approximete Interval Batween
Physician			0.1	11	0							Onset end Deeth
/Medical		Immediete Ceuse (Final diseese or condition	1)/0	ddec	Car	CC					C	In Tool
Examiner		resulting in deeth)	0.	Due to (or es e c	onsequence of):						you Key.
70 ==	ne										1	
cute	Examiner	Sequentielly list conditions,	b	Due to (or es e co	onsequence of):						
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X 68760, cartificata be axecuted ding physician and isa as the burial-transit	/Medical	thet initiated events resulting in deeth) Lest	c	Due to (or es e co	onsequence of)	:						
* O di	Jed	resulting in deetiny cest									į	
			d								- 1	
IS, P.O. BC res that the death signed by the attent to be deteched for u	Physicia	Pert II. Other significant conditions of	ontributing to death b	ut not resulting In	the underlying	CAUSA O	iven in Pert I		23b Did	tobacco usa co	ntribute to	the cause of death?
at the attacher attacher	hy	N. TO BE CHILLY SEE ST. SANGERING			are arraony ang	oodoo g	TOTAL TOTAL			Yes 2□ No	3 ☐ Prol	
s tha	by F									2010	0	outly 9 pinalowii
VITAL RECORDS, P.O. B(Iclan: The law requires that the death cartificate has been signed by the atter- rector, page 2 should be deteched for									24e. Wes	en eutopsy		ere eutopsy findings
COrd * require been si should	Completed								perfo	rmed?	co	elleble prior to mpletion of ceuse
The law	m m											deeth?
									10	Yes 2 No	10]Yes 2□ No
VISION OT VITAL I Attanding Physician: The robath. actor: After this cartificata by the funeral director, pay	Be	25. Was cese referred to medical exeminer?	Hospitel.			0		of Deeth	(Check only o	one)		
Physic rthis rral dir	2	1 163 51010	Topatie			UA		rsing Horr	ne 5□ Resk	dence 6 □Oth	er (Specify	y)
ding P. After funar	Certification:	27. Menner of Death 1 Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De)			28c. Inju			8d. Describe I	how injury occur	red	
DIVISION Or Attanding after death. Director: After din by the fune	cat	2 Accident Investigation 3 Suicide 6 Could not be			М	1 🗆	Yes 2 N	No				
LIVISIC I or Attand aftar deatt Director:	틭	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Inju- building, etc	ury - At home, farr c. (Specify)	n, street, factor	y, office		2	8f. Location (S City or Tox	Street end Numb vn, Stete)	er or Rura	l Route Number,
D lest lest lest lest lest lest lest lest												
tosp thor une aly fil	edical	29e. Certifier Certifying Phy	reiclan: To the best of iner: On the basis of	of my knowledge,	deeth occurred	et the ti	ime, dete end	d plece, e	nd due to the	ceuse(s) end ma	inner as st	eted.
DIVI Do the Hospital or At within 24 hours after of To the Funeral Direct complately filled in by			end menner sta	ued.				0000119	- or the title,	aste ena piece, (orna ane (0	, a.e cause(s)
S V Vill	Σ	29b. Signeture end title of certifier	1011	IA M	29	c. Licen	se number	001	,	29d. Date signer	d (Month,	Day, Year)
			11/11/11	1/1/	ID	()	556	66	Y	narch "	29.	199
		30. Neme end address of person who	ompleted cause of d			, -				(4)	- 1	
		m straces	www.	D 1811	1 Prin	ce P	hilip	Driv	e, 01n	ey, Mary	yland	20832
Sta	te	31. Dete filed (Month, Day, Year)	32. Registre	or's Signature	2							
Registr	ar	MAR 2 5 19	11 dia	W. MPRINTING	articles.							

State of Maryland / Department of Health and Mental Hygiene

29d. Date şignad (Month, Dey, Year)

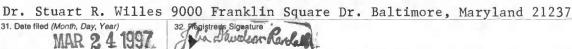
									Death		nomai i iy	Reg. No	7	1	11211	
Physician		. Decedent's Neme	(First, Middle, L								2. Data of De Month	eath De	y	Year	3. Time of Death	
/Medical	4		Marie		WELLE	R			41 -01 -		March				3:50 P.1	1
Examiner		e. Facility Name (If									ocation of Deel		County			
	_	Franklin Social Security No	-			r . lest birthdey	i If Und	er 1 Yaar	Roseda		8 Date of Bi		alti		lane (Centa es Comi	
Funeral Director		577-72-	4213	1□ M 2X F	43	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bi (Month, Di August			Coun		J7 1
MON N	1	0e. Steta	10b. County		10c. C	ity, Town or L	ocation							1	0d. Inside City Limit	ts
stor oto	1	Maryland	Balt	imore	1. 4	Essex									1 ☐ Yes 2 X N	0
be notified	1	0e. Street end Num					10f. Z	ip Code				10g. Cit	izen of W	Vhet Coun	itry?	
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r items 234	1	1. Merital Status		12. Was Deced Armed Ford	es?	J,S. 13.	Wes Dec	edent of Fecify Cub	lispanic Orlo	gin? (Sp	ecify Yes or No Rican, atc.)	0-		- Americ k, Whita,	an Indian, atc.	
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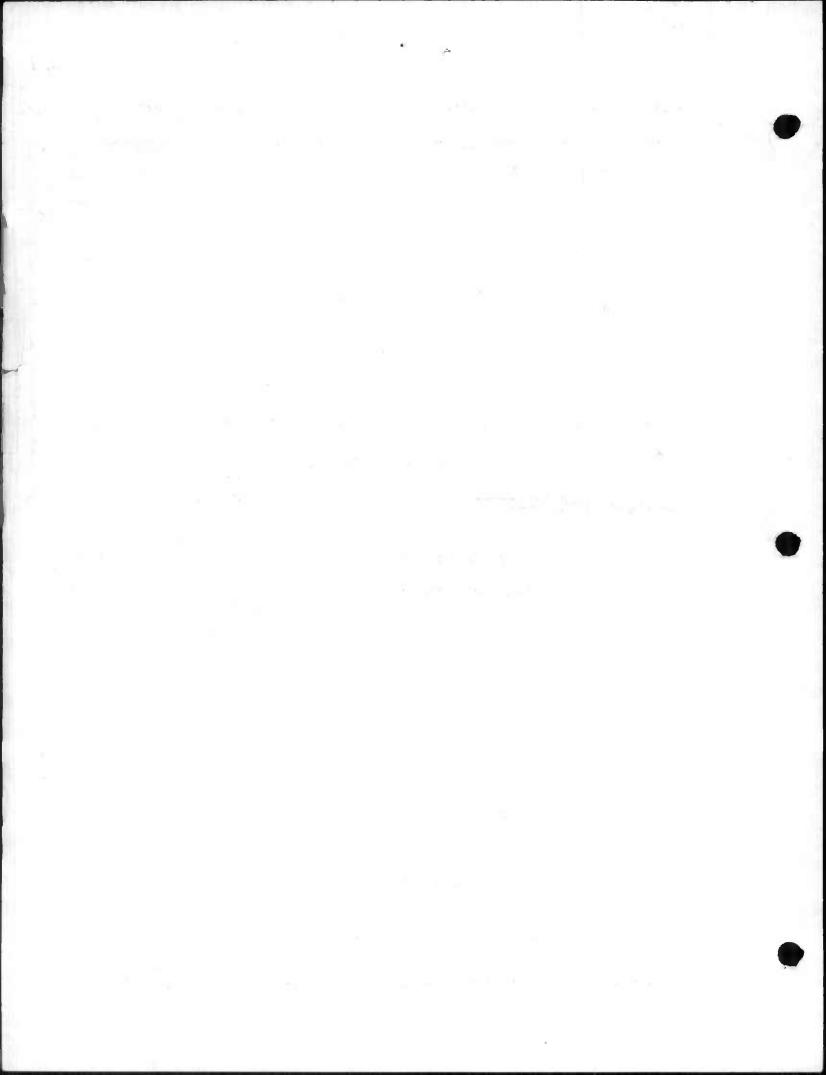
State Registrar

31. Dete filed (Month, Day, Year) MAR 2 4 1997

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature end title of certifier





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Dey **Physician** Marguerite Mitchell 31 1997 March 2:45PM /Medical 4e. Fecliity Neme (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Genesis Elder Care Ctr., Knollwood Manor Millersville Anne Arundel 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Dey, Yeer) 5. Sociel Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** 1 M 2 X F Director 197-20-7892 B 89 Sept 22 1907 | Pennsylvania Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 end 2 should be filed within 72 hours aftar death with the Manyial Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Modical Examiner must be notified an once. MD Anne Arundel 1 Yes 200 Director Millersville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 811 Cecil Avenue 21108 Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ Xo
If Yes, Give
Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3√Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Columnist 12 Newspaper Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be To Robert Mitchell Anna Handschuh 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Joanne Wood Brown (Daughter) 787 Windgate Drive Annapolis, Maryland 21401 20b. Placa of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete XXBuriel 2 Cremation 3 Removel from State Mt. Vernon Cemetery April 3 1997 Elizabeth Township, PA 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility John M. Taylor Funeral Home, Inc. 21. Significan of Fyrig 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting In death) DNE 5EPSIS **Examiner** MONTH Due to (or es e consequence of) Examiner I or Attending Physician: The law requires that the death certificate be axecuted after cleath.

Director: After this certificate has been signed by the attending physician and Director: After this certificate Seen signed by the attending physician and of in by the funerals director, page 2 should be deteched for use as the bunist-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? ZZNo 1 Yes 1 Tyes 2 No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Mennegof Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homlcide within 24 hours aft To the Funeral Di complataly filled in Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner es steted. Medicai 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) MD APRIL D 21776 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RITCHIE MIGHWAY POSADONA MDZILZ 8109 SURYA NUNDRA NO 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

Tresia Davidson

DHMH 16 Rev 6/95

Registrar

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amended # 11

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician
/Medicai
Examiner

Funerai Directo

permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other treumatic avent, the Medical Examinating that be notified at once.

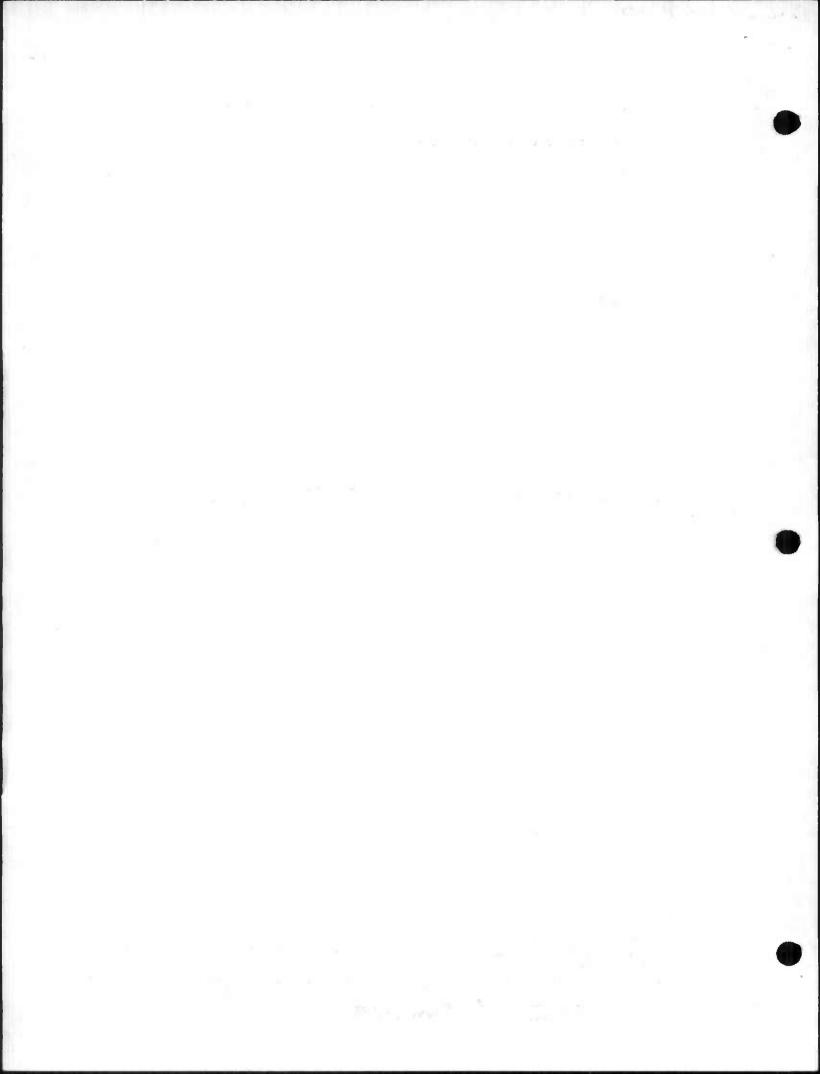
Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunel-transit Division of Vital Records, P.O. Box 68760,

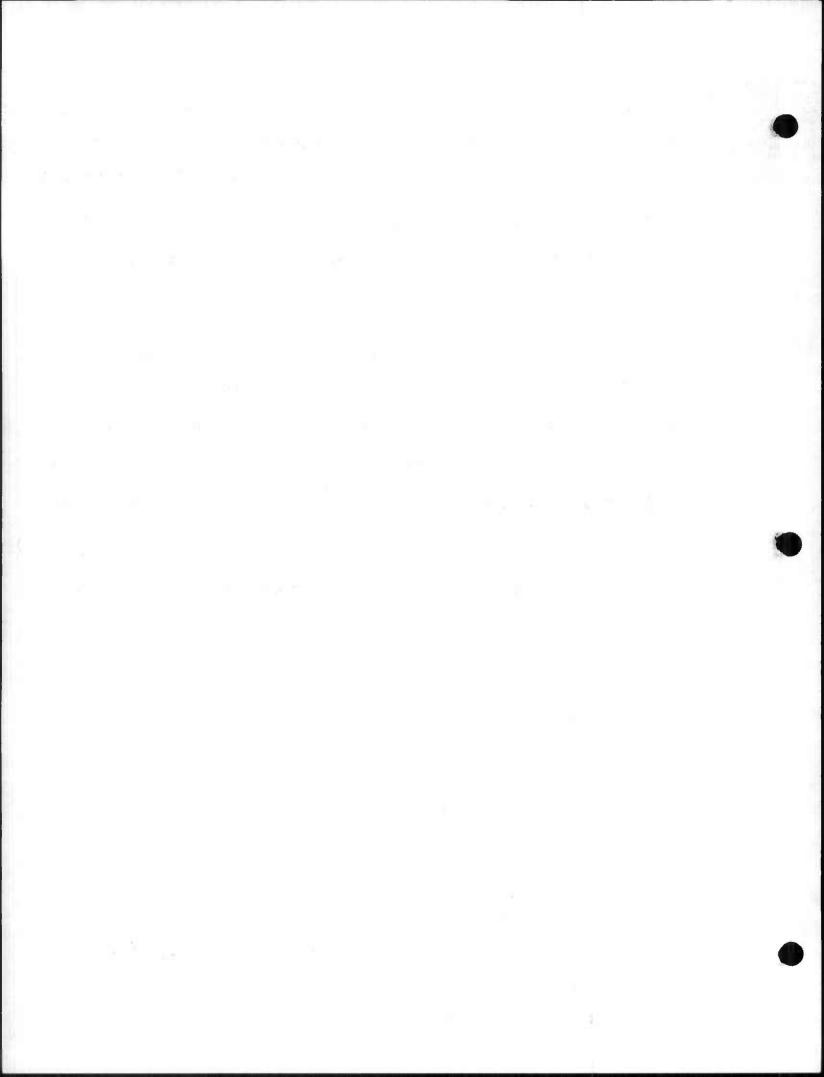
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State of Maryland / Department of Health and Mental Hygiene 97

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Physic /Medi		DAVID		7	WISHNA			Month MARCH	Day 28 199	Yeer 7	1.04 PM
Exami		4a. Facility Neme (If not institution, give	e street and number)		, Louisia		4b. City, Town,	or Location of Dee			1,04 11
		WASHINGTON ADVE	NTIST HOSPI	TAL			TAKOMA I	PARK	MON	TGOMER	RY
Funeral		5. Social Security Number 6. S		(In yrs. last birt	thday) If Und Months	er 1 Year	If Under 24 H	rs. 8. Date of B			ece (State or For
Director		107-20-7724 Usual Residence of Decedent	⊠ M 2□ F	68	Yrs.	Deys	Hours M	Jan.	5, 1928	Brook	klyn, N
how		10a. State 10b. County		10c. City, Town	or Location					10	d. Inside City Li
Me Me	Director	Maryland Montg	omery	Silve	r Sprin	g					1 ∑ Yes 2□
or 28	ire.	10e. Street end Number				ip Code			10g. Citizen of	What Counti	ry?
23a		1400 Fenwick Land	e			2091	0		United	States	e of Ame
d within 72 hours efter death with the Menyland ilone. I than "natural", or flems 23a or 28a-f show the Medical Examiner maint be notified at	Funeral	11. Merital Status 1 ☐ Never Married 2 ☐ Married	12. Was Decedent Ev Armed Forces? 1 Yes 2 XXVIII		13. Was Dec If Yes, sp			(Specify Yes or Nerto Rican, etc.)	o- 14. Re Bla	ce - Americe ack, White, et	n Indien,
ours	1 by	3 ☐ Widowed 4 ☐ Divorced	Year or Detes:		10 168	ZALJ INO	<i>Specify:</i>		Specia	whi	Lte
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filed w Hygier fther th	Cor	12			Chem	ist			Chem	istry	
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should be and Mental or umatic eve	1º	Julius Wishna					Bett	y Wischr	nie		
end s m		19a. Informent's Name/Reletionship (7	Type, Print)	19b.	Mailing Addres	s (Stree	t and Number or	Rural Route Numi	ber, City or Town	, State, Zip C	Code)
es 1 end 2 should of Health end Mer I Item 27 Is merke r other traumatic		Jack Wishna - Son	n		108 M	ajes	tic Driv	re Dix	Hills,	New Yo	ork 117
of He		20a. Method of Disposition 1 → Burial 2 □ Cremation 3 □	D	20b. Plece of cemeter	Disposition (Na y, crematory or	ame of other pla	ice)	Date	20c. Location	- City or Tow	m, State
permit. Pages Depertment of H Important: If the any injury or of		4 Donetion 5 Other (Specify			ood Cem			4-4-97	Pine1	awn. N	New York
Physician		23a. Part1. Enter the disease, or comp shock, or heart feilure. List only	olications that caused the one cause on each line	he deeth. Do n	21 Ea	ast I	ris, In Deer Par	k Road,	Dix Hil] arrest,		11746 Approximate Interval Between Onset and Death
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the el	sic	Part II. Other significant conditions co	ontributing to deeth but	not resulting in	the underlying	cause gi	ven in Part I.	23b. Dld	tobacco uae co	ontributa to t	ha causa of de
requires thet the death wen signed by the ette hould be deteched for	by Physician/	DIABETES, PERIP	HERAL VASCU	LAR DIS	SEASE			1	Yes 2□ No	3 Probe	ibly 4 🗵 Unki
38 E	Completed t							24a. Wes	s an autopsy ormed?	avaii	e autopsy findin iable prior to pletion of ceuse seth?
The page	NO.							1 🗆	Yes 20 No	10	Yes 2□ No
ysician: The is certificate director, pag	Be	25. Was cese referred to medical exeminer?					26. Plece of D	eeth (Check only	one)		
S 0 0	10	Yes 2□ No	Hospitai: 1 ☐ Inpatient	2 ☑ ER/Out	patient 3 D	OA Oth	ner: 4 Nursing	Home 5☐ Res	idence 6 Oth	ner (Specify)	
h. After thi funeral		27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of injury (Month, Day)		ime of jury M	28c. Inju			how injury occur		
al or Attending P s efter death. Il Director: After I ed in by the funera	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined		y - At home, far (Specify)			. 50 2 2 140	28f. Location City or To	(Street and Numb wn, State)	ber or Rural I	Route Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Certifier 1 Cartifying Phy check only one)	vsician: To the best of r liner: On the basis of ex and menner state	xamination and	deeth occurred for Investigation	at the ti	me, date and pia oplnion, death oc	ce, and due to the curred at the time,	cause(s) and madate and place,	anner as stat and due to t	ted. he cause(s)
To the Comp	×	29b. Signature end title of entitle			29	c. Licens	se number		29d. Date signe	d (Month, Da	ay, Year)
		/////	/			1)1	17564	,	2/2	9/47	7
		30. Name end eddress of person who c	completed cause of dea	th (Item 23a) (7		-) -	/		210	/	
				nn (nem 238) (1		7000	Amber 22	#200	DIVEGUE		I.D.
	10	ALLEN HETTLEMAN, 31. Date filed (Month, Day, Year)	32_Registrar's	s Signature	T028 (5KEE	NIKEE KL	#300,	LIVE2AT	LLE, M	עו
Sta	te	1007	A K . K		1.00						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth GRANDITUE (EONAD) WARFIELD 11:00 A.M 02 0 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year Months Days 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign
Country) 1√2 M 2□ F Days Hours Yrs. 63 MARYLAND 03-05-1934 10b. County 10c. City, Town or Location 10d. Inside City Limits ANNE ARUNDEL ANNAPOLIS 1 Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 65 COLONIAL MANOR COURT 21401 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 1 Never Married 2 Merried Specify: WHITE 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorcad 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N/A TRUCK DRIVER MATLACK COMPANY 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) GRANDVILLE WARFIELD GLADYS GERTRUDE WHEELER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) HENRIETTA ROGERS (WIFE) 65 COLONIAL MANOR COURT, ANNAPOLIS, MD. 21401 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete Dete 120 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK | 4/5/97 GLEN BURNIE, MARYLAND 21. Signature Furnirel Service Licanse 22. Name end Address of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, include. List only one cause on each line. ACUTE MYOCAR SIAL INFARCTION CIHR. Due to (or es e consequence of): THEROSCLEROTIC CARDIOVASCULAR DISPASE Due to (or es e consequence of): Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Ses 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

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Director: After this

death.

after

To the Hospital o within 24 hours af To the Funeral Di completely filled is

6

page 2 should be

Physician/Medical

Completed

Be

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Certification:

Medicai

The law requires that the death certificate be executed

Box 68760,

P.O.

Division of Vital Records,

Attanding Physician:

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ral', or items 23a or 28a-f shore Examiner must be notified at

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death

Peges 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiena.

Baltimore, Maryland 21215-0020

5. Sociel Security Number

216-30-0501

10a. Stete

MARYLAND

11. Maritel Stetus

ROLAND

10e. Street end Number

12

20a. Method of Disposition

Usuel Residence of Decedent

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last

Immediate Cause (Final diseese or condition resulting in deeth)

OBSTRUCTIVE PULMONARY DISEASE PERIPHERAL VASCULAR DISTASO

24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Tyes 1 Yes 2 No

25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 XXX 2 DER/Outpatient 3□ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 28b. Time of

27. Menner of Deeth 1 Swaturel 2- Accident 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigetion 1 ☐ Yes 2 ☐ No

3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

Pertifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Madical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner steted. 29a. Certifier onel

296. Signature and title of pertition 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 1406 S. CRAIN HWY4706 21686 CITTLLOS M

GIEN BURNIE, 4

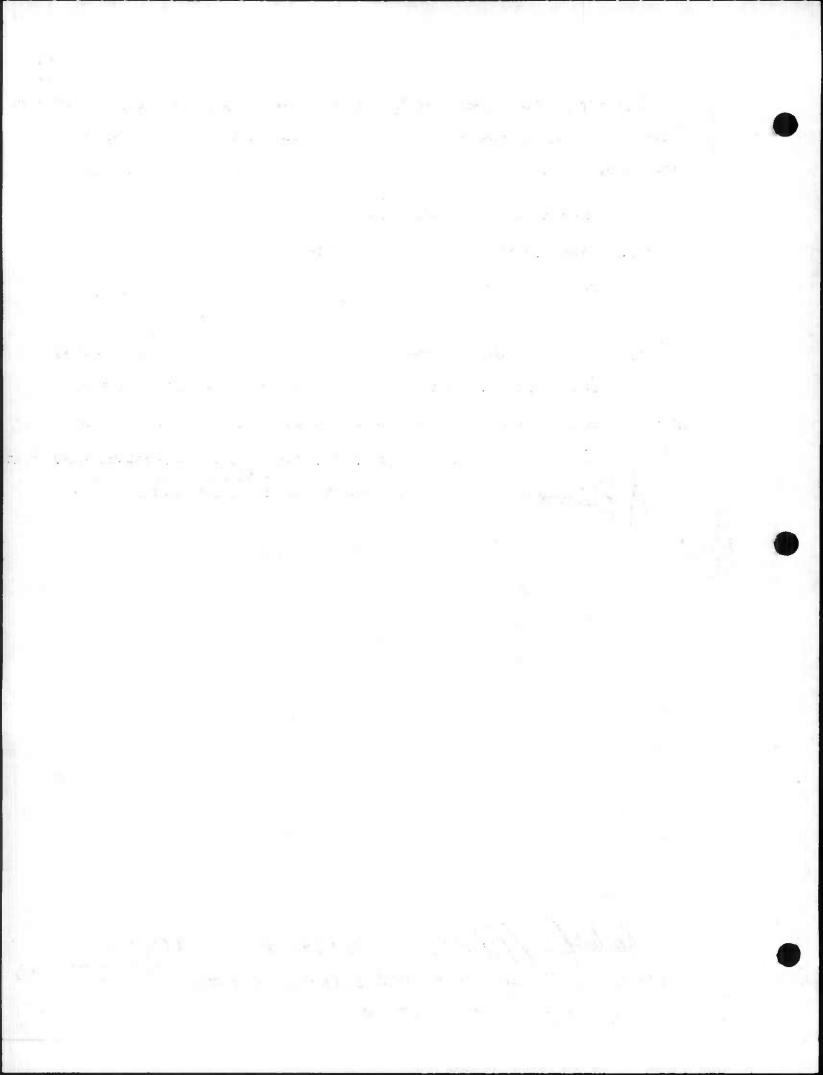
State Registrar

APR 0 4 1997

31. Dete filed (Month, Dey, Year)



DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

1282 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey **Physician EDNA** APRIL WELLER 1997 eer 3, 1:00 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth 817 CAMP MEADE ROAD LINTHICUM ANNE ARUNDEL If Under 1 Year 5. Scciai Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10-3-1918 9. Birthplece (State or Foreign **Funeral** 1 □ M 2 🖸 F Months Deys Hours TENNESSEE 216-20-4750 78 Yrs. Director Usuei Residenca of Decedent with the Manylend 10a. State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c, City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 300 8TH AVENUE, S.E. 21061 U.S.A. Funeral death 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. hours after 1 ☐ Yes 2 X No 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: il Hygiene. other then "natural", c by Specify: 3 Widowed 4 □ Divorced WHITE Year or Dates Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N/A BAR MAID WOLF'S is marked other permit. Pages 1 and 2 should be file.
Department of Health and Mentel Hy Important: If them 27 is marked other any Injury or other traumatic events. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 8 WILLIAM THOMAS PALLISTINE WALLACE 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) THELMA JARVIS 1761 MELBOURNE ROAD, DUNDALK, MARYLAND 21222 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Pieca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete GLEN HAVEN MEMORIAL PARK 4/5/97 GLEN BURNIE, MARYLAND 4 Donation 5 Other (Specify) 21. Signature of Fur 22. Name and Address of Facility SINGLETON FUNERAL HOME, neral Sentice Licenses 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 plications that caused one cause on each line 23a, Part1. deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete tervel Between Onset end Deeth **Physician** al Immediate Cause (Final disease or condition resulting in death) /Medical bladder month arcinoma Examiner Due to (or es e consequence of) Physician/Medical Examiner percalcomi Iweek the death certificate be executed physician and sthe buriel-trans Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of) Box 68760 Due to (or es e conseguenca of) ettending P.O. signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the causa of death? 1 Yee 2 No 3 Probably 4 Unknown The law requires that Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Desidence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification; To 1 Yes 2 No o his 27. Menner of Death Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Affer Division e Hospica.

n 24 hours after death.

he Funeral Director: After 1 Meturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ HomicIde Hospital 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner steted. edical 29e. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of pertiling 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) GURMEET.S. SAWHNEY MD, 325 HOSPITAL DR. 202, GLEN BURNIE, MD -21061 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) State APR 0 4 1997

his Davidson

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	-	Certificate of Death	Reg.	No.	
Physic /Medi			2. Data of Daath Month March 2	Day Year 8 1997	3. Tima of Death 9:55 PM
Exami		4a. Facility Nama (If not Institution, give street and gumber) Dorche Ster General Hospital Cambr	ridge !		stev
Funeral Director		5. Social Security Number 220-01-2197 Social Security Number 6. Sex 1 M 20 F 8 0 Yrs.	8. Date of Birth (Month, Day, Ye JULY 15		placa (Stata or Foraign intry) ARYLAND
the Maryland 28a-f show notified at	tor	10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits Yas 2 No
th with the 23a or 28	Funeral Director	10e. Street and Number 10f. Zip Code 520 GLENBURN AVENUE 21613	10g.	Citizen of What Cou	intry?
items free my	by	1 ☐ Yes 2 ☒ No Specify: 3 ☒ Widowad 4 ☐ Divorced Yaar or Datas:	ecify Yas or No- Rican, atc.)	14. Race - Amar Black, Whita Specify: W	
id 21215-0020 filed within 72 hours aff Hygiena. other than "naturel", or ent, fre Medical Exam	To Be Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 11 16a. Decedent's Usual Occupation (Giva kind of work done during most of work life. DO NOT use retired) HOMEMAKER	ing	OWN HOM	
nd 2	3e C	17. Fathar's Nama (First, Middle, Lest) 18. Mothar's Name	a (First, Middla, Mai		<u> </u>
should be and Mental marked commerced To		CHEEZUN			
Maryland d 2 should be file th end Mental Hy 7 is marked othe traumetic event.		19a. Informant's Name/Ralationship (Type, Pnht) FREDERICK S. WILLEY / SON 4653 BROOKRIDGE RO			
Baltimore, Maryland : semit. Pages 1 and 2 should be filed bepartment of Health and Mental Hymportant: if item 27 is marked other my holury or other traumetic event, and a.		20a. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cramation 3 ☐ Ramoval from State 20b. Place of Disposition (Nama of camatary, cramatory or other place)	Data 200	EASTON,	own, Stata
Baltimo permit. Page Department of Important: If eny Injury or once.		21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility FELLOWS, HELFENB 200 S. HARRISON	EIN & NI	EWNAM FU	NERAL HOM
Carbon description of the property of the principle of the property of the principle of the	Completed by Physician/Medical Examiner	Immadiate Causa (Final disaasa or condition rasulting in death) a. Acute Pheumohia Dua to (or as a consequence of): b. Dua to (or as a consequence of): a. Cute Pheumohia Dua to (or as a consequence of): c. Dua to (or as a consequence of): Dua to (or as a consequence of):			3 days
0 E 5 8	an/Medic	rasulting in death) Last Dua to (or as a consequence of):			
e deat	sici	Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did toba	cco use contribute	to the cause of death?
cords, P.O. Box requires that the death cer been signed by the ettendin should be detached for use	by Phy	Alzheimers Disease			obably 4 Unknown
0 8 20	npleted		24a. Was an a performed	1? a	Vara autopsy findings vallable prior to omplation of cause f death?
Vital Reservence of the incentificate he rector, page			1 □ Yas	20 No 1	☐ Yas 2☐ No
reicle reicle directe	To Be	28. Place of Deat axaminar? 1 Yas 2 K No	h <i>(Check only on</i> a) ma 5□ Rasidanc	e 6 Othar (Spec	ifv)
Division of Vita To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director.	ation: T	27. Mannar of Death 1 Naturai 5 Pending (Month, Day Year) 2 Accidant Invastigation 28c. Injury at Work? 1 Year 2 No	28d. Dascribe how		,
Divis	edical Certification:	3 ☐ Sulcida 6 ☐ Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, a(c. (Spacify)	28f. Location (Straa City or Town, S	t and Number or Rui tata)	rai Routa Number,
Hosp 24 hou Funes	dical	29a. Cartifliar (Check only none) 10 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, (Check only none) 10 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and manner stated.	and dua to tha caus ad at tha tima, data	a(s) and mannar as and place, and dua	stated. to the causa(s)
vithin of the omple	Med	29b. Signatura and titla of cartifier 29c. License number	29d.	Data signed (Month	, Day, Year)
F * F 0		1 Tours Phinlega 10 0-28209	M	arch 29	,1957 .
		30, Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Edmund J. Mic Lacy (I. n. Y Surver St. Ca	while	rd 2	14/3
Sta Registr		31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura			

2

NAME AND ADDRESS OF

David Smith,

M.D.,

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE wavidson-Randall

IG PHYSICIAN: The law requires that the death certificate be executed within 24 forms are than the may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be suit to the State hard. Merital Hydiana prior in burial creamation are asset to the state of	miner must be notified at once.
24 hours after dea	y filled in by the fur	the medical ex
taw requires that the death certificate be executed within	this certificate has been signed by the attending physician and completely filled in by the with the State Derd of Health and Merial Horizon prior to burial compation.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate his he filed within 72 hours after death with the State D	IMPORTANT: If Item 28 is marked, or item

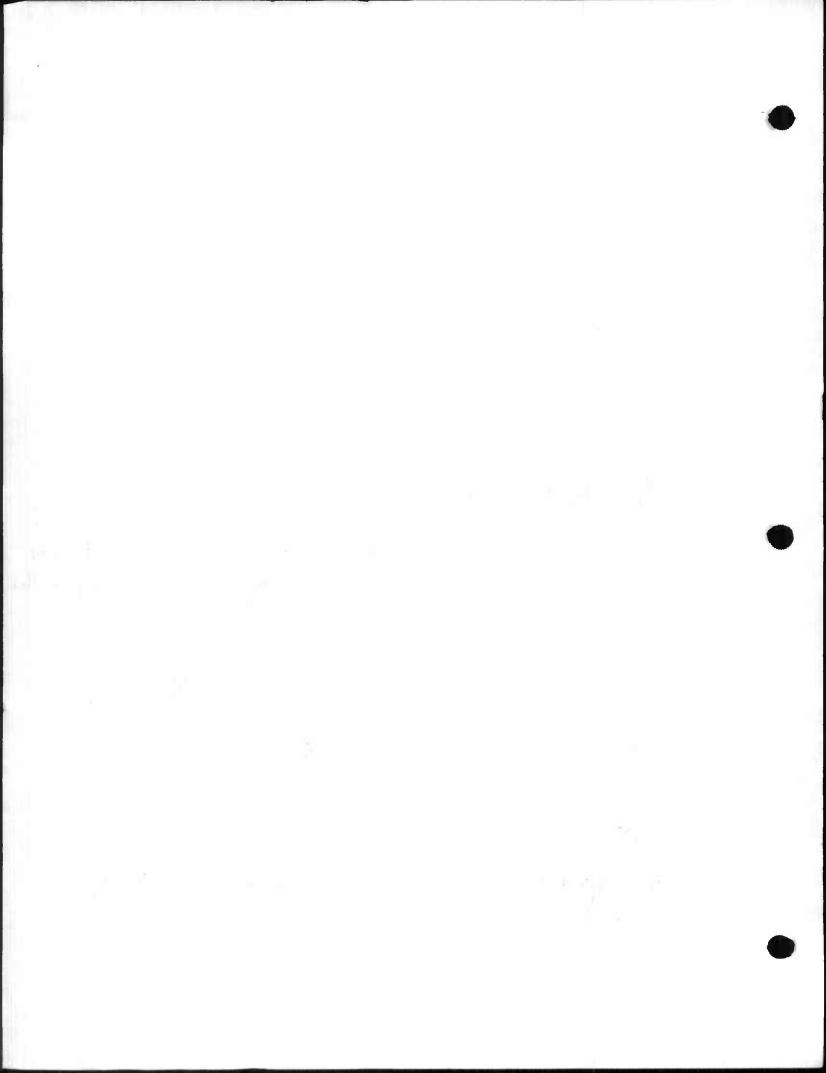
o

97 11284 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH DAY Louise March 19, 1997 Webber 1:50 P M Georgia 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 218-50-1377 DAYS 1 M 2 SF 47 YRS. HOURS June7, 1949 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 10460 Burrsville Branch Road Caroline Denton RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Caroline Maryland Burrsville 1 XYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10460 Burrsville Branch Road 21629 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₩60 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rice

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Caucasian COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) College (1-4 or 5+) 10 lineworker Electronics 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Edward Taylor Betty Jane Anders BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Earl Ray Webber 10460 Burrsville Rd., Denton, Maryland21629 20a METHOD OF DISPOSITION 1 Description 2 Commention 3 I 20b. PLACE AND DATE OF DISPOSITION (Name of 3333 20c. LOCATION - City or Town, State Denton Cemetery 4 Donation 6 Other (Specify) Denton, Md. 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MOORE Funeral Home, P.A. 12 South Second St., Denton, Maryland 21629 23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart to lure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Cardio MES DI COTORY
DUE TO (OR AS A CONSEQUÊNCE OF): minter lung conces CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO HOSPITAL: OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Rasidence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ETED. 4 Homicide CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated, one) COMPL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D36644 20 9

509 Idlewild Avenue, Easton, Maryland 21601



State of Maryland / Department of Health and Mental Hygiene

SINAI HOSPITAL BALTMORE MD

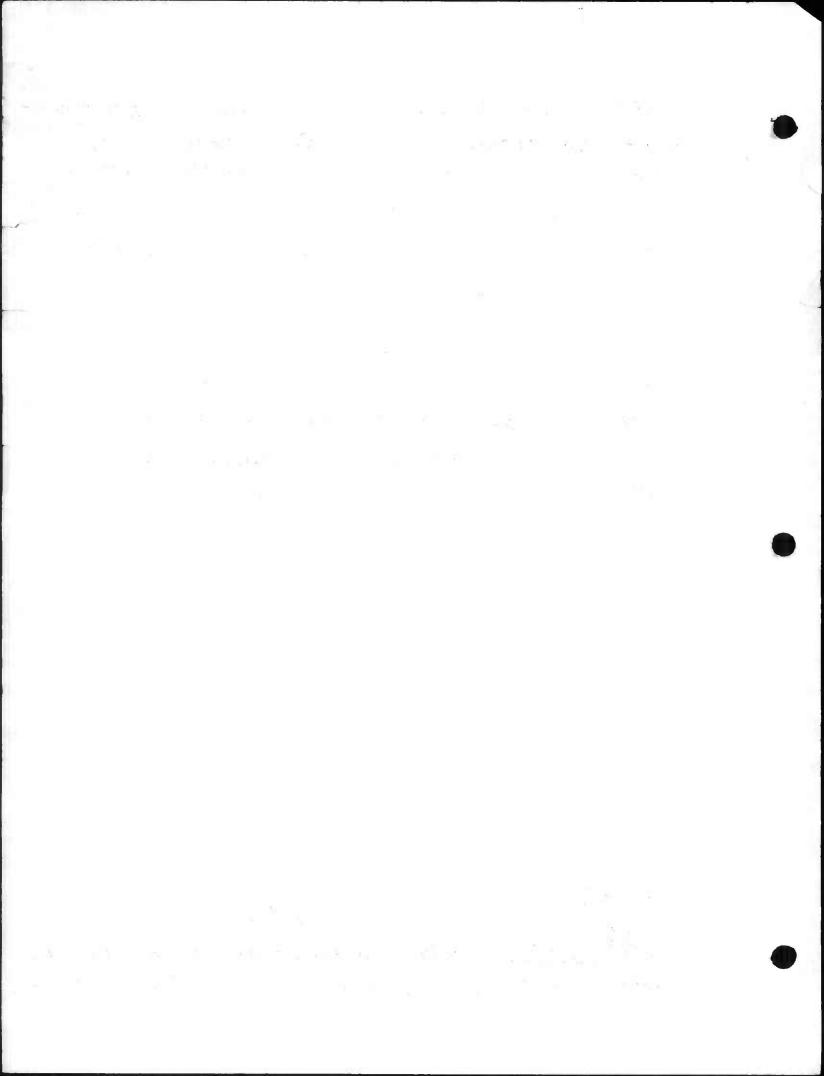
						Certific	ate of	Death		Reg. No.	21	11203
	Physic /Medi		1. Decedent's Name (First, Middle, La HATTIE W.	S			Month	April 12 1997 11				
3	Exami Funeral Director		5. Social Security Number 6. S	PITAL BALTI				T / MOR	25	9. Birthp	2/9 place (State or Foreig	
	D		Usual Residence of Decedent				11					
	deeth with the Meryland ms 23a or 28a-f show	ctor	MD 10b. County n/		Oc. City, 7	Town or Location BALTI	MORE				1	0d. Inside City Limits 1
	th with th	al Director	10e. Street and Number 703 BAKER STREET					21217		10g. Citizen of UNITED	Whet Cour STA	
020	72 hours after dee natural', or flems seal Examiner m	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced		Was Decedent of Hispanic Origin? (Specify Yes or No- if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1□ Yes 2♥ № Specify: 1□ Yes 2♥ № Specify: 14. Rece - American Indias Black, White, atc. Specify: BLACK							
21215-0020	yiene.	To Be Completed	15. Decedent's Et (Specify only highest gra Elementery/Secondery (0-12) 6 th	lucation de completed) College (1-4or 5+)		16e. Decedent's Usual Occupation (Give kind of work done during most of w life. DO NOT use retired) DOMESTIC						
Maryland	d 2 should be filed h and Mentel Hygi 7 Is marked other traumatic event, I	To Be C	17. Fether's Neme (First, Middle, Last) BABEL WATSON							in home Maiden Surname) SON or, City or Town, State, Zip Code) MD 21217 20c. Location - City or Town, State RANDALL STOWN, MD Approximate interval Between Onset and Death Solution - City or Town, State Approximate interval Between Onset and Death		
	4 10 2 3		19e. Informant's Name/Relationship (QUEEN, IVOA -			19b. Mailing Add 703 BAK						Code)
Baltimore,	Demit. Peges 1 en Department of Heali Important: If Item 2 any injury or other otice.		20a. Method of Disposition 1XDBurial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. Plece of Disposition (Name of cemerery, cremetory or other place) KING MEMORIAL PARK						Dete 4-17-97			
Balt	permit. Peg Department Important: I any injury o		21. Signature of Funeral Service Licer	B. Hu	,			ess of Facility RCHFH4	300 WAB	ASH AVE	., B	ALTO.,MD#1
	Physician /Medical Examiner		23a. Part. Enter the disease, or companded, or heert faire. List only Immediate Ceuse (Final disease or condition resulting in death)			Do not enter the r				rrest,		Onset and Death
		iner	resulting in death)		Due to (or as a consequenca of):							
60,	rificete be executed ng physician and set the buriel-transit	ai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	Du-	e to (or e	s a consequenca	of):					
x 68760,		Medicai	thei initiated events resulting in deeth) Lest	s e consequence	e of):							
, P.O. Box	thet the deeth led by the etter deteched for u	y Physician/	Parl II. Other significant conditions of	ontributing to death but n	not resultir	ng in the underlyle	ng ceuse gi	ven in Part I.		tobacco use co	ntribute to	o the cause of death bebly 4 Unknow
Records,	been s	Completed by							24a. Was	an eutopsy ormed?	ev	ere autopsy findings allable prior to empletion of ceuse death?
	0 - 0	mo.							10	Yes No	1[Yes 2 No
VItal		Be	25. Wes case referred to medical					26. Place of D	eath (Check only	one)		
Sion of V	Arensing Physician: r death. cetor: After this certific	Certification: To	exeminer? 1 Yes No 27. Menner of Death Distatural	WOutpetient 3D 3b. Time of injury	28c. Inju			how injury occur	red			
ē	o He	Certifi	4 Homicide determined	building, etc. (\$	Specify)			I JE	City or To	wn, State)		al Route Number,
	the Formal	Medical	29a. Certifier (Check only one)	yelcfan: To the best of m liner: On the basis of exi and menner stated	amination	and/or investiga	ed at the ti	opinion, death oo	ca, and due to the curred et the time,	date end place,	and due to	tated. the ceuse(s)

ed cause of deeth (Item 23e) (Type, Print)

rchia Davidson

State Registrar

DHMH 16 Rev 6/95

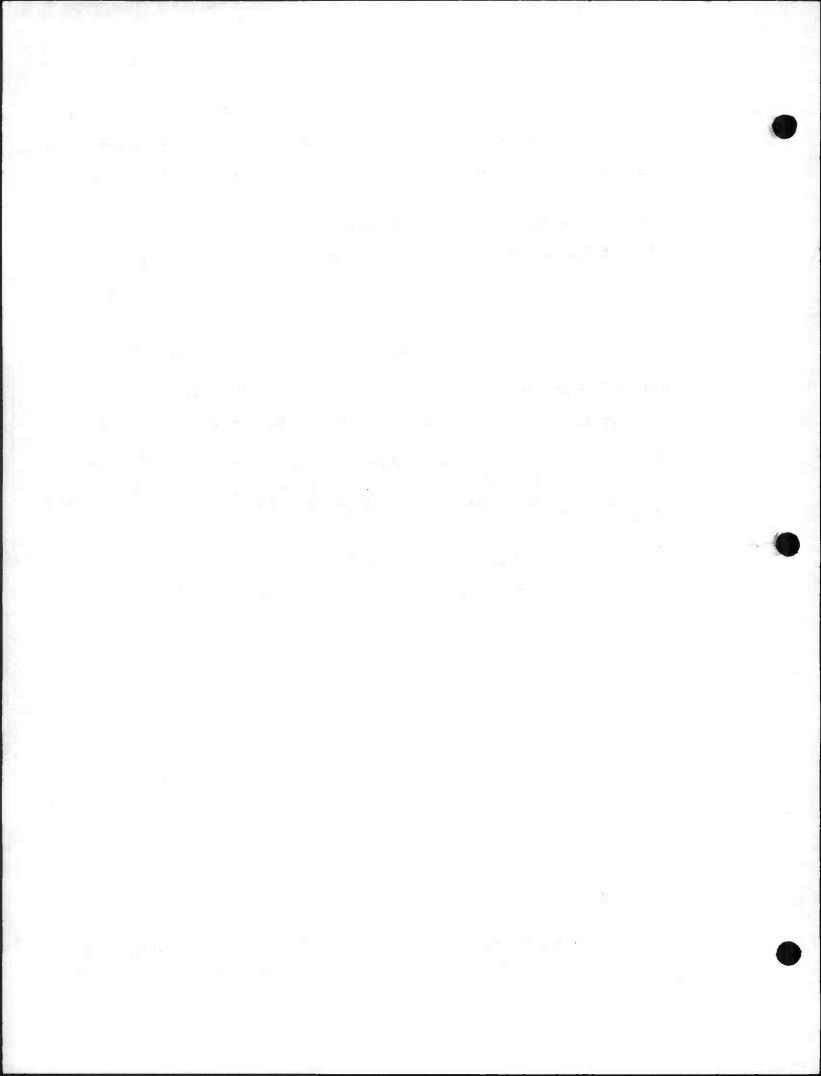


State of Maryland / Department of Health and Mental Hygiene

97

11286

		Certificate of Death Reg. No.							. No.				
Diam'r.		Decadent's Nama (First, Middla, Last)						2. Data of Deeth Month Day Yaar			Vana	3. Tima of Death	
Physici /Medic		Koula Babadakis							April 14, 1997 3:15 pm				
Examin		4e. Fecility Nama (If not institution, gi	va straet end numbe	r)			4b. City, To	wn, or Location		4c. Count		J. 15 pin	
		537 S. 48th	Street				Balti	imore		Ralt	imore	S III II II	
Funeral				Aga (In yrs. lest b			r If Undar		Data of Birth Month, Day, Y	Darc			
Director	0	213-68-7511	1□M 21XF 9	2	Yrs. Mo	nths Days	Hours	Min. Ma	y 5,	1904			
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72 hours efter deeth with the Maryland natural", or items 23s or 28s-1 show deal Examiner must be notified at		10a. Stata 10b. County		10c. City, Tov	n or Locatio	n					100	d. Insida City Limits	
M A	cto	Maryland Balt	imore	В	altin	nore						1 ☐ Yas 2 X No	
# 28	Director	10e. Street and Number				of. Zip Code			100	0g. Citizan of What Country?			
73a C	a le	537 S. 48th S	treet			2122	24		Greece				
deed and	Funeral	11. Marital Status	12. Was Decedar		13. Was I	Decedent of	Hispanic Orig	gin? (Specify	Specify Yas or No- 14. Race -				
or its		1 Nevar Married 2 Married	Armad Forces				ban, Mexican	, Puarto Hica	n, etc.)				
E. E.	by	3 Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas		101	as 2 No	Specify:		Specify: White			te	
be filed within 72 hours efter deeth with the Marylan tall Hyglens. At the Hyglens of other than "natural," or frems 23s or 28s-f show event, it is Medical Examiner must be notified as	Completed	15. Decedant's E	ducation	168	. Decedant's	Usual Occu	pation		16	usinass/Indu	stry		
within 7 ena. than "r	pie	(Specify only highest gr	Collaga (1-40	(Give kind of work dona during most of working lifa. DO NOT usa ratired)									
d with glena.	TO.	Elementary/Secondary (0-12)	oonaga (1 vo	· ·	House Wife			<u> </u>			Own Home		
should be filed of Mental Hygis marked other imatic event, it	Be	17. Fathar's Nama (First, Middla, Las	t)				18. Motha	r's Nama (Fil	st, Middla, Ma	idan Sumar	na)		
Aenta Aenta rked rkc e	ToE	Steve Tsalamro	ooulos				Mana	Par	oulas	as			
		19e. Informant's Name/Relationship	(Type, Print)	191	o. Mailing Ad	Idrass (Stree					, Steta, Zip C	oda)	
47.5		Rita Antjakas		78	322 G	ough	St. E	Baltin	nore,	Md.	21224		
permit. rages ten Department of Heal Important: if Item 2 any injury or other once.		20e. Method of Disposition		20b. Placa	f Disposition	/Nama of						n, Stata	
of I		1 Borial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Speci		0	ry, cremator				16/19				
Certificeta be assected ding physician and se as the burial-transit	edical Examiner	Immedia Causa (Final disasse or condition rasulting in daeth) Sequantially list conditions, if any, laading to immediate causa. Entar Undarfying Causa (Disasse or injury that initiated avants	b. Non 1	Dua to (or es e	consequenc	a of):	pheri + Di	c ce	s me	llita	rot.	12 hour	
death of atten	Physician/M	rasulting in deeth) Last Part II. Other significant conditions of	dcontributing to daeth	but not rasulting i	n tha undarly	ring causa g	ivan In Pert I.		23b. Did toba	V			
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yardan: The faw requires their the beautilis centificate has been signed by the attendificate has been director, page 2 should be datached for u	o Be Completed by Physician	Part II. Other significant conditions					26. Placa	of Death (Cf	1 Vee	2 No	24b. Warrevall comported to the state of the	a autopsy findings abla prior to oletton of cause ath?	
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State of Maryland / Department of Health and Mental Hygiene

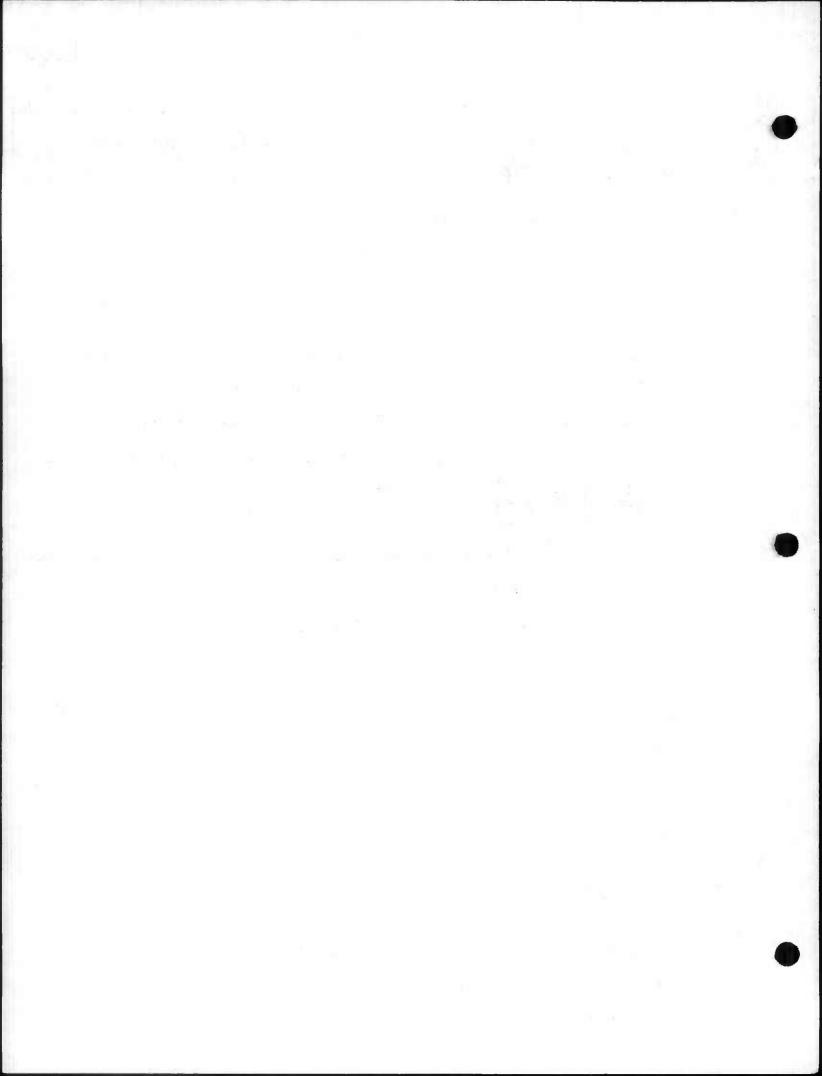
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					Certifica	ate of	Death		Reg. No.	2 1	1140		
		1. Decedent's Name (First, Middla, La	st)						2. Data of Death 3. Time of Death				
Physi		Doug	alac Warra	Dozz	****			Month	Day	Year			
/Med			glas Wayne	Bawg	gus		4h Oh Tour	April			5:25AM		
Exam	iner	4a. Facility Nama (If not institution, giv						or Location of Deat	1 4c. Count	y of Death			
		1593 Long Poi						lena					
Funera		5. Social Sacurity Number 6. S	MM ODE	In yrs. lest bir	Month	dar 1 Yeer	if Under 24 H Hours Mi	in. (Month, Da	v. Year)	Coun	plece (Stete or Foreign		
Directo	r	215-68-4439	2 2	+0	Yrs.			AUG 9	, 1956	M	1Ď		
P .		Usual Residence of Decedant 10a. Stata 10b. County 10c. City, Town or Location											
aryla anyla	-	10a. Stata 10b. County		oc. City, Tow	n or Location					1	10d. Inside City Limits		
No Table	Director	MD Anne A	rundel			P	asaden	a			1 ☐ Yes 2 ☑ No		
th 12	ire.	10e. Street and Number			10f.	Zip Code			10g. Citizen of	Whet Cour	ntry?		
h wi	100	1593 Long Poir	it Road				21122			USA			
and 21215-0020 be tiled within 72 hours after death with the Maryland ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examinat must be nothing at	Funeral	11. Maritel Status	12. Was Decedent Ev	ar in U,S.	13. Was De			(Specify Yes or No erto Rican, etc.)	- 14. Ra	ca - Americ			
o if it is	3	1 Never Married 2 Married	Armed Forces? 1 □XYes 2 □ No		If Yes, specify Cuba			erto Rican, etc.)	Ble	ck, White,	etc.		
Urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Dates:		1 🗆 Yes	2 kg No	Specify:		Specify: Whit		nite		
- Poor		15. Decedent's Ed	fucation	168	Decedent's U	suel Occur	netion		16b. Kind of Business/Industry		duetry		
15	Completed	(Specify only highest gre	da completed)		(Giva kind of life, DO NO)	Giva kind of work done during most of wo ife. DO NOT use retired)			100.11.10012		addity		
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e die	Be	Bruce Wayne											
faryland 212: 2 should be filed within and Mental Hygiene. Is marked other than surmatic event, the Man	5								ne A. Collars				
Man and Is r		19a. Informant's Name/Relationship (196	. Mailing Addre	ess (Street	end Number or I	Rural Route Numb	Route Number, City or Town, Steta, Zip Code)				
IOre, Maryls ges 1 and 2 should it of Health and Mer if Item 27 is marke or other traumatic		Carole L. Morri	ls/Sister	15	93 Lo	ng P	oint R	d Pasa	dena,	MD 2	1122		
O L L L L L L L L L L L L L L L L L L L		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐	Removal from State	20b. Plece of cemeter	l Disposition (<i>l</i> ry, cremetory o	Vama of or other plea	oint R	Dete	20c. Location	- City or To	own, State		
Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours af Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or any july or other traumatic event, the Modical Externations.		4 Donation 5 Othar (Spacifi	I TOMOVAL HOM State					1	Ralt:	imore	a MD		
Baltimore, M permit. Pages 1 and 2 Department of Health a important: if Item 27 is any injury or other tra		21. Signature of Puneral Servica Vicen	10	110 02 0	22. Name	and Addre	ss of Facility	4/12/97	Dale	LIIOL	=, 111		
n ages		Cremation Society of Maryland, Inc.											
		Edward A. Gr		a death Da	299]	Frede	erick F	Rd Balı	imore	MD	21228		
		23a. Part1. Enter the diseasa, or complications that causad tha daath. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximate Interval Batween Onset and Death											
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/Medica Examine	_	Immediate Cause (Final disaese or condition rasulting in death) e. Acquired Tumur Deficiency Syndrome 1 Gua to (or es a consequenca ot):								IUR			
Examinio		rasulting in death)	Cou	a to (or es a	consequenca	of):					,		
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J 8 6 5	ysi							23b. DId	tobacco use co	ontributa to	o the cause of death?		
The population of the populati								10	Yes 2 No	3 Prof	bably 4 Unknown		
algre d	Ď						1-11-	_					
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law in the control of	Die .							-		of	mpletion of cause daath?		
The law ate has page 2	E							10	Yes 2 No	lo 1 Yes 2 No			
		25. Was case referred to medical					00 00				3 103 24 110		
	o Be	axaminer?	Hospital:				OF:	eath (Check only					
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	on	14 Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Y		Time of njury	28c. Injur Wor		280. Describe	28d. Describe how injury occurred				
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after deat Olesctor:	===	3 Suicide 6 Could not be 4 Homicide detarmined	28a. Plece of Injury building, etc. (At homa, fa Spacify) 	rm, street, fact	tory, office		28f. Location (City or To		ber or Rura	al Route Number,		
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		29a. Certifiar Certifying Ph	ysicien: To the best of n	ny knowledge	, death occurre	ad at tha tir	na, date end ple	ca, and due to the	ceuse(s) and m	annar aa si	tated.		
天名 医岩	edical	(Check only 2 Medical Exam	niner: On the basis of ex end manner stated	amination en	d/or investigati	on, In my o	pinion, death oc	curred at the time,	date and place,	end due to	the ceusa(s)		
To the Hospital within 24 hours To the Fundrish completely filled	Me	29b. Signatura and title of certifier				29c. Licens			29d. Dete signe	ed (Month,	Dey, Yaer)		
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\wedge		, horner ()	March 10	ーレ		23	1 (11 10	LD EN Burn	1/12	-11			
· n		30. Name and addrass of person who o	complated cause of deat	n (Itam 23e)	Typa, Print)	. 11	11	n. 12	- 11X	210	1.1		
		JAMES D. 10 KIL	EY MIDI	1210	Kitch	ue HI	vy, tell	en burn	IE IND	210	10(
St	ate	31. Data filed (Month, Dey, Yaar) APR 1 5 1007	32. Registrar's	Signature	00								

3.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death Reg. No.										
Observe		Decedant's Nama (First, Middla, Last)				11.7		2. Data of De	2. Data of Death 3. Time of Death				
Physi /Me	ician dical	Thelma	4.	Во	ffen		April			1:	50 A.M		
Exan		4a. Fecility Nama (If not Institution, give	street and number)			3	4b. City, Town,	or Location of Deat	h 4c. Count	y of Deeth			
		Mink Hill Home					Grason	The second secon		n Ann	e_		
Funera Directo		5. Social Sacurity Number 6. Sa 219-16-3724 Usual Residence of Dacedanf	X 7. Aga	(In yrs. last birt		ndar 1 Yaar ths Days	If Under 24 H Hours M	lin. (Month, Da	th ly, Year) 31, 190	9. Birthplaca (Stata or Foreign Country))9 Ontario, Cana			
fand		10a. Stata 10b. County 10c. City, Town or Location								1	10d. insk	de City Limits	
the Mary 28a-f sh	ector	Maryland Queen Anne Chester 10e. Street and Number 10f. Zip Code							10a Chian d	100-110-11		Yas 2 No	
s 23a or	Funeral Director	202 1st Street			2	1611			Canad	a			
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d 2 should but and Menta 7 Is marked traumatic en	2	-	William Hardy Dorah Iver										
		19a. Informant's Name/Ralationship (7) Elizabeth B. Sipe		r	202	1st S	Street,	Chester,	MD 216	21611			
permit. Pages 1 ar Department of Hea Important: If Item any Injury or other		20e. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Specify,			y, cramatory	or othar pla		April 14	20c. Location - City or Town, Stata 1 14 Ellicott City, MD				
permit. Departin Importa any Injk	DUCE	21. Signatura of Funaral Sarvio Licensee 22. Nama and Address of Facility Stallings Funeral Home, P.A.											
		3111 Mountain Road, Pasadena, MD 21122											
Physiciai /Medica Examine	ıl 💮	23a. Part 1. Enter the disease, or comp shock, or haart failura. List only of Immediate Causa (Final disaasa or condition resulting in death)									Onsat a	and Deeth	
eath certificate be executed attending physician and for use as the bunial-transit	an/Medical Examiner		a. A3p, -,	Dua to (or as a co	consaquance o	(eme di3ci	tia						
a death the atten hed for u	sicia	Part II. Other significant conditions co	ntributing to death but	not rasulting in	tha undarlvir	ng causa giv	an in Part I.	23b. Did	tobacco usa co	entribute to	o the cau	se of death?	
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ysic dire	10	1 Yas 2 No	Hospital: 1 🗌 Inpatian	t 2 ER/Out	patient 3	DOA Oth	er: 4 \[Nursing	Homa 5 Rask	dance 6 Ott	nar (Specif	y)		
A STATE OF THE PARTY OF THE PAR		27. Manner of Deeth 1 Naturel 5 Panding 2 Accident invastigation	28a. Date of Injury (Month, Day	28a. Date of Injury (Month, Day Year) 28b. Tima of Injury Mork? M 1 Yas 2 No						red			
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To the Hospi within 24 hou To the Funer completely III	edicai	29e. Cartifiar 1 Certifying Phy cone) 2 Medical Exami	sician: To the best of ner: On tha basis of a end mannar stet	examination and	daath occurr Vor invastiget	red et the tin tion, in my o	ne, data and pla pinion, daath oc	ice, and due to the curred at the time,	causa(s) and m deta and place,	ennar es st and due to	teted. the cau	sa(s)	
To the within 7 To the comple	₹ E	29b. Signature end titla of certifier	2,			29c. Licens	e number		29d. Dete signa	Specify-White Sind of Businass/Industry C&P Telephone of Surnama) or Town, State, Zip Coda) 21611 ocation - City or Town, Stata licott City, MD MD 21122 Approximata Interval Between Onsat and Deeth Z Ucck Psy 24b. Wara autopsy findings everilabla prior to compliation of cause of deeth? I Yas 2 No 6 Othar (Specify) ry occurred and Number or Rural Routa Number, and Opiace, and due to the causa(s) the signad (Month, Day, Year) Y-11-9			
2		posse	~			14	1339						
10		30 Name and eddrass of person who co	omplated causa of date	ath (Itam 23e) (mid.	Jr. 50	20 ENSW1	LE N	ד פ	2166	2	
S	tate	31. Date filed (Month, Day, Year) APR 1 5 1997	22 Registrer	's Cignatura									



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Placemen Certificate of Death edent's Neme (First, Middle, Last) 2. Date of Death **Physician** /Medical Facility Name (If, not institution, give street and number) 4b, City, Town, or Location of Death Examiner -lew If Under 24 H 7. Age (In yrs Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 TF 49 218-42-5441 Director Maryland Usual Residence of Decedent the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f ehow MD Anne Arundel Co. Glen Burnie 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiene. 7655 Spencer Road 21060 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 ☐ Yes 2XXNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 No Specify: Completed by 3 ☐ Widowed 4 ☒ Divorced the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12th Grade Correctional Officer Detention Center marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be William A. Holland Ida I. Gaither 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) . or other train William Holland (Son) 7655 Spencer Road, Glen Burnie, MD21061 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State Important: if any injury o MD National Cemetery 4/16/97 Laurel, Maryland 4 Dona 5 Other (Specify) 21 Simon neral Service / To 22. Name and Address of Facility Joseph H. Brown Jr. Funeral Home 2140 N. Fulton Avenue, Baltimore, MD 21217 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Examiner or Attending Physician: The law requires that the death certificate be executed the burial-transi Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the atte Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed page 2 : certificate 1 Yes 2 No 1 TYes 2010 25. Was case referred to medicel exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 TResidence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3□ DOA this 27. Manper of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After Natural 5 Pending Investigation within 24 hours after death. To the Funeral Director: A 1 TYes 2 No 2 Accident filled in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide Hospital 29a. Certifier 12 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and menner es steted. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date and placa, end due to the ceuse(a) To the 29b. Signature and title of certific TOSPITAL DAINE WEN BULNIE MANYCAND State

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Blake APRIL 9:45a Diane. 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar | If Undar 24 Hrs. Birthplace (State or Foreign Country) Data of Birth (Month, Day, Year) 1 M 2 F Days 47 Yrs. 219-46-4297 Usuat Residence of Decedent August 22,1949 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2□No MIA Baltimore 10e. Street and Number 10g. Citizen of What Country? Ridge USA 2301 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 25 No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerlo Rican, etc.) Race - Amarican Indian, Black, White, etc. 11. Maritai Status Never Marriad 2 ☐ Married 1□Yes 2▼No Specify: Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuat Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 10 m grade 17. Fether's Name (First, Middle, Last) Cotlege (1-4or 5+) Booth St. Nursing Home Nurses Hide 18. Mother's Name (First, Middle, Maiden Surnama) James Wright Carney 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Designee Smith Gister 1647 1. Smallwood Street Butimore Mary and 2/2/6 a. Method of Disposition 1 M Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ★ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) emetery 4-14-97 Lansdowne, Mazyland Lion 22. Name and Address of Facility Joseph H. Brown Jr. Furepaul Home, P.A. 2140 N. Fulton Avenus, Battimore Maryland 21217 Approximate Approximate Transdowne, I brylan Approximate Approximate Approximate Transdowne, I brylan Approximate Approximate Transdowne, I brylan Approximate Approximate Transdowne, I brylan Ap Approximate tnterval Between Onset and Deeth Immediate Cause (Finat ademocarcinana of Unknown Primary 2 months disease or condition resulting In death) Due to (or as a consequence of) Due to (or es e consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24a. Wes en eutopsy performed?

Physician /Medical **Examiner**

Physician

/Medical

10a Stata

Examiner

Funeral

Director

28a-f show

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items 23a

permit. Pages 1 and 2 should be filed within 72 hours att Department of Health and Mental Hygiane. Important: if Itam 27 is marked other than "natural", or I any Injury or other traumatic event, tre Medical Example Once.

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Examiner

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Physician: The law requires that the death certificate be executed

certificate

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P.O. Box 68760,

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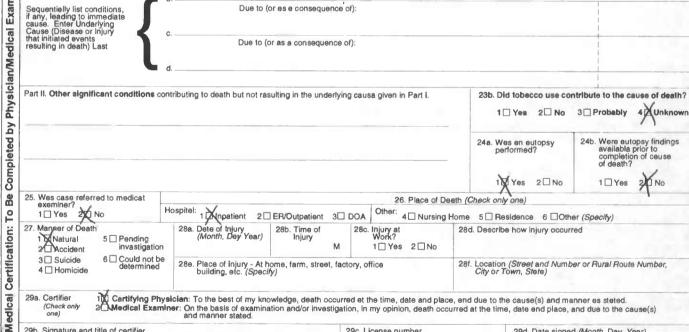
physiclan and s the burial-tran Physician/Medical been signed be should be determined by by

Completed

State Registrar 29b. Signature and title of certifier

Duzanne 31. Date filed (Month, Dey, Year) APR 15 1997

Cotter



Street

32. Registrar's Signature

~ Yason

29c. License number

Baltimore, MD

29d. Date signed (Month, Day, Yeer)



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29d. Date signed (Month, Day, Year)
APRIL 11 1997

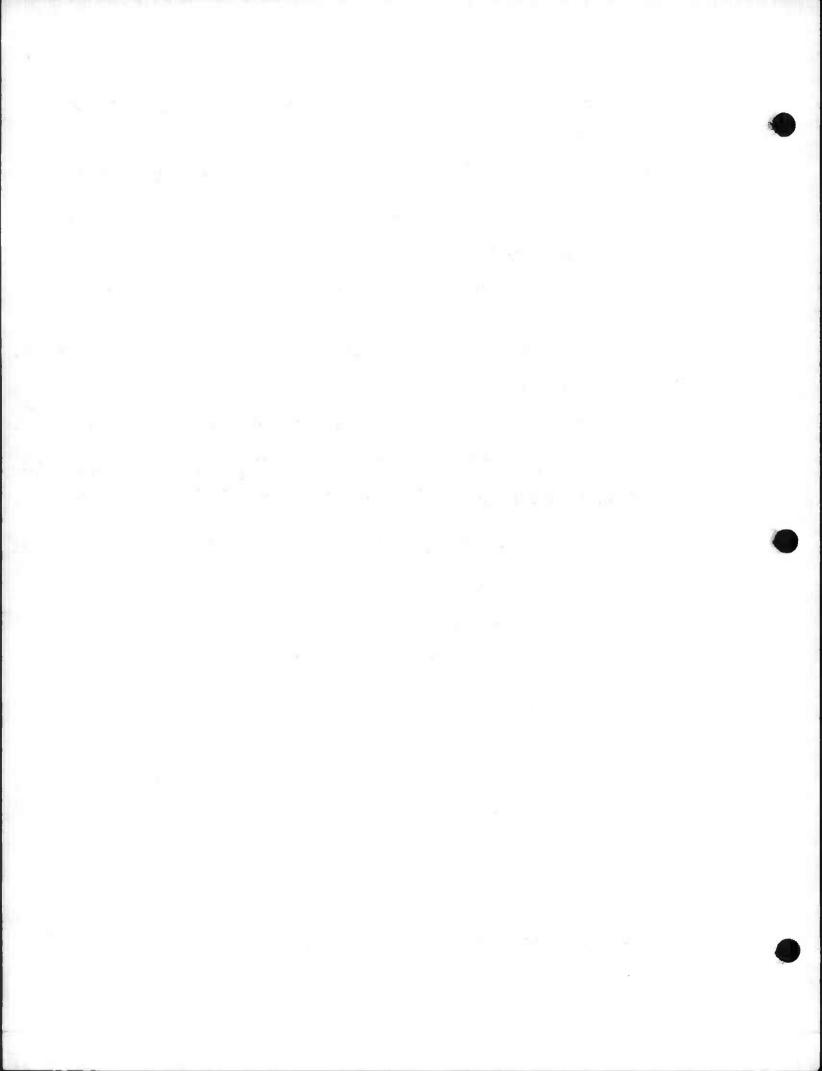
				Otate of Mary		Certificate of		i wentai riy	Reg. No.	01 11231
	Physici /Medi		1. Decedent's Name (First, Middle, Last	R		BRO	DWN	2. Date of De Month	. Day. /	3. Time of Death
Å	Examir		4e. Fecility Neme (If not institution, give	ITAN F	10SP		BALT	TIMORE	N/	
ų.	Funeral Director		5. Social Sacurity Number 6. Se 216-34-4727 Usual Residence of Decedent	x 7. Age (In 59	yrs. last birtl Y	(day) If Under 1 Year Months Dey			th Year) 7-38	9. Birthplace (State or Foraign Country) MD.
	e Meryland sa-f show	Director	10a. State 10b. County MD NA		. City, Town Balti					10d. inside City Limits Wes 2□ No
	ter deeth with the Meryler frems 23a or 28a-f show ther must be not fred at	rai Dire	10e. Street and Number 4116 Mountwood	Road		10f. Zip Code 2122			10g. Citizan of V	
21215-0020	9 9	by Funeral	11. Marital Status 1 Never Married Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes X No If Yes, Giva Year or Dates:	in U,S.	,S. 13. Was Decedent of Hispanic Origin? (Specify Yes or If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ Yes 2 ☑ No Specify:				e - American Indian, k, White, etc. : Black
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Maryland	De de la constante de la const	To Be							Harris	
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Baltimore,	Se of		20a. Method of Disposition XIX Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	temoval from again	b. Place of cometery King	Disposition (Name of crematory or other p Memorial		Dete m 04-		City or Town, State 11stown, Md.
Balt	permit. Pag Depertment Important: I any injury o		21. Signature of Funeral Service Licens	oxy Skd	0	22. Name and Add				ryland 21202 h Avenue
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7	Physician /Medical Examiner		Immediata Ceusa (Final disease or condition resulting in death)	ABDO	IMC	VAL B	LEET	DING		
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Vital Records,	law requires les been sign a 2 should be	Completed by						24a. Was	an autopsy ormed?	24b. Were eutopsy findings available prior to completion of ceuse of death?
tal Re	The ate h		25. Was case refarred to madical				Of Diagon of D	1 D		1 Yes 2000
	Physiclen: rthis certific rral director,	To Be	eyeminer?	lospital:	2 ER/Out	patient 3 DOA	Wher	aath <i>(Check only</i> Home 5□ Resi	17 10 10	er (Specify)
on of	ding Phy th. After this funeral		27. Manner of Death Natural 5 Panding Accident investigation	28a. Date of Injury (Month, Day Yea	28b. Ti	ma of 28c. In		7	how Injury occurr	
Division	l or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - Abuilding, atc. (Sp	At homa, fari pacify)	m, street, factory, offic	6		Street and Numb wn, State)	er or Rural Route Number,
	To the Hospital or Attending Phys within 24 bours after death. To the Funeral Director After this completely filled in by the funeral director.	edical C	29a. Cartifier (Check only one) 1 Certifying Physical Example 2 Medical Example 2	sician: To the best of my ner: On the basis of exan and manner stated.	knowledga, nination end	daath occurred at the or investigation, in my	time, date and pla opinion, death oc	ce, and due to tha curred at the time,	ceusa(s) and ma date end place, a	nnar as stated. and due to the cause(s)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier	a 61	ch		nse number	70		d (Month, Day, Year)

State Registrar

31. Data filed (Month, Day, Year)
APR 15 1997



29c. License number P 10578



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 4a per Physician G-746 4/17/97 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Everett Franklin Buchwald 12th 1997 April 17=05Hrs 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Road 625 Joppa Farm Rd. -Joppa Joppa Harford If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Feb. 24 Birthplece (State or Foreign Country) Days 216-24-0104 67 Maryland Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Harford Joppa 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 625 Joppa Farm Road 21085 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🗓 No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Inspector - Planner Steel Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Everett Buchwald Elizabeth Jordan 19e. informent's Neme/Reletionship (Type, Pnht) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Michael Buchwald 1310 Apple Ridge Ct.. Edgewood. MD 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 Cremetion 3 Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith Cem. 4/15/97 Baltimore, Maryland 21. Signeture of Funerei Service Licenses 22. Name end Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD shock, or heert feilure. List only one ceuse on each line. Approximete Intervei Between Onset end Deeth ASCVD Immediate Cause (Finel

/Medical Examiner ettending physician and for use as the buriel-transit or Attending Physician: The lew requires that the death certificete be executed Division of Vital Records, P.O. Box 68760, the signed by t peen hes certificate within 24 hours efter death.

To the Funerel Director: After this combletely filled in by the funeral di Hospital

Physician

/Medical

Examiner

10a. Stete

Directo

Funeral

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Completed

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Physician/Medical Examiner

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Certification:

Medical

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Introcram: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Event near meature activities.

Physician

Baltimore, Maryland 21215-0020

disease or condition resulting in deeth)	9.											
resulting in deeth)		or es e consequence	of):									
Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b. Due to (or es e consequenca of):											
Cause. Enter Orderlying Ceuse (Diseese or Injury thet initieted events resulting in death) Lest	c. Due to (c	Due to (or es e consequenca of):										
	d				1							
Pert II. Other eignificant conditions of	ontributing to death but not res ${ t COPD}$	suiting In the underlyi	ng cause given in Pert I.	23b. Did tobacco use co	ontribute to the cause of death? 3 Probably 4 Unknown							
				24e. Wes an autopsy performed?	24b. Were eutopsy findings evellable prior to completion of cause of deeth?							
				1□ Yes 2₺No	1 🗆 Yes 2 No							
25. Was case referred to medical examiner?			26. Place of D	eeth (Check only one)								
1 XYes 2 □ No	Hospitel: 1 ☐ inpatient 2 ☐	ER/Outpetient 3	Home 5 Residenca 6 □Oti	me 5 N Residenca 6 Other (Specify)								
27. Magner of Deeth 1 Neturei 5 Pending 2 Accident Investigation	28e. Dete of injury (Month, Dey Year) NA	28b. Time of injury N.A. M.	28c. Injury et Work? 1 ☐ Yes 2 ▼No	28d. Describe how Injury occu N A	rred							
3 Suicide 6 Could not b 4 Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, ferm, street, fee fy) NA	ctory, office	28f. Location (Street and Num City or Town, State) NA								
29e. Certifier (Check only one)	ysician: To the best of my kno ninar: On the basis of examine end menner stated.	owledge, deeth occur ation end/or investige	red at the time, dete end piec tion, in my opinion, deeth occ	ce, end due to the cause(s) end mourred et the time, dete and pleca,	enner as steted. and due to the ceuse(s)							
29b. Signeture end title of certifier	1)		29c, License number	29d. Dete signe	ed (Month, Dey, Year)							

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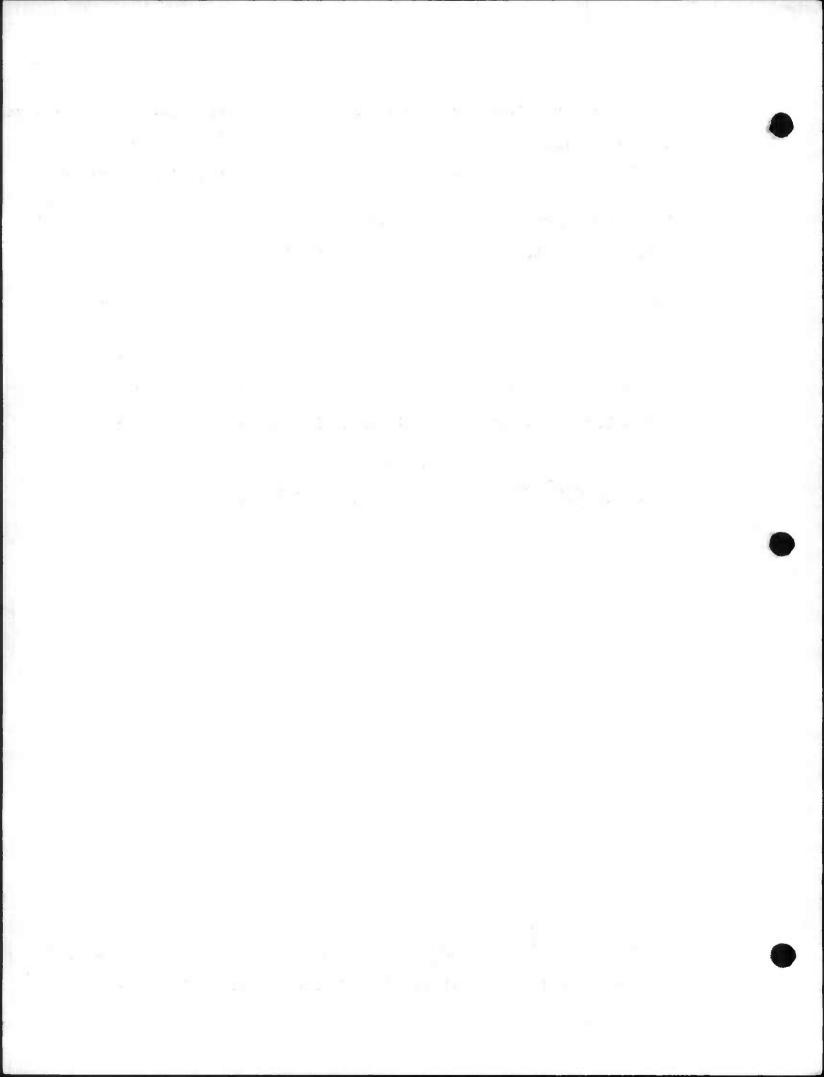
Apri 12th 1997

State Registrar 31. Dete filed (Month, Day, Year)



m

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 293 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month Physician DOUGLASS 3:50 AM 2 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** BALTIMORE SECOURS N/A If Under 24 Hrs. If Under 1 Year Birthplace (State or Foreign Country)

MAD 8. Date of Birth (Month, Day, Year) 9-20-1954 5. Social Security Number **Funeral** Days 1₽M 2□ F Months Hours 215-64-9432 MD **Director** Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Exacitoer rount be notified at MD N/A Director 1 Yes 2 □ No BALTIMORE 10e Street and Number 10f, Zip Code 10g. Citizen of What Country? 23a or 834 BENTALOU STREET 21216 U.S.A. Funeral Hems Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 14. Race - American Indien. Bleck, White, etc. filed within 72 hours after Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 0 21215-0020 1 ☐ Yes 2 No Specify: AFR. AMERICAN Completed by 3 Widowed 4 Divorced Year or Dates: natural 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) LABORER UNKNOWN 8 Maryland pemit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be JAMES BANKS 2 THELMA BANKS MADDOX 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOANN COATES (SISTER) 704 NOTTINGHAM RD BALTO. MD 21229 Baltimore, 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State ZION CEMETERY 4 Donation a Dther (Specify) 4-16-97 BALTO. MD 21. Signature of oneral Service Licensee 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 Enter the disease, or complications that caused the death, spheart failure. List only one cause on each the. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner moma The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last and the bunal-trar Immuno deficien Division of Vital Records, P.O. Box 68760, Physician/Medical signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 24 No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 hathpatient Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA this funaral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 1 Naturat 5 Pending investigation after death. 1 Tyes 2 No 2 Accident in by the 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital e within 24 hours a To the Funeral D completely filled 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated. Medical

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State Registrar

31. Date filed (Month, Day, Year) APR 15 1997

29b. Signature and title of certifier

(Check only one)

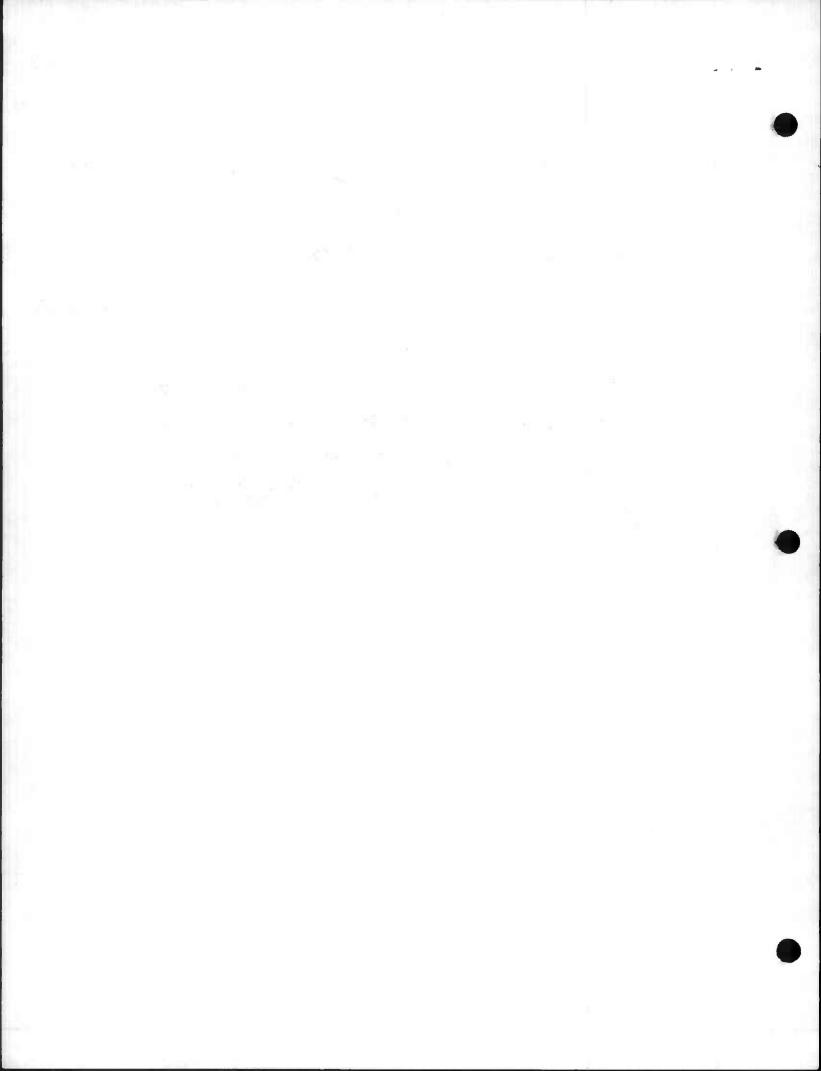
RUZ M. D 32. Registrar's Signature Ridson-Randelle

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

BON SECOURS

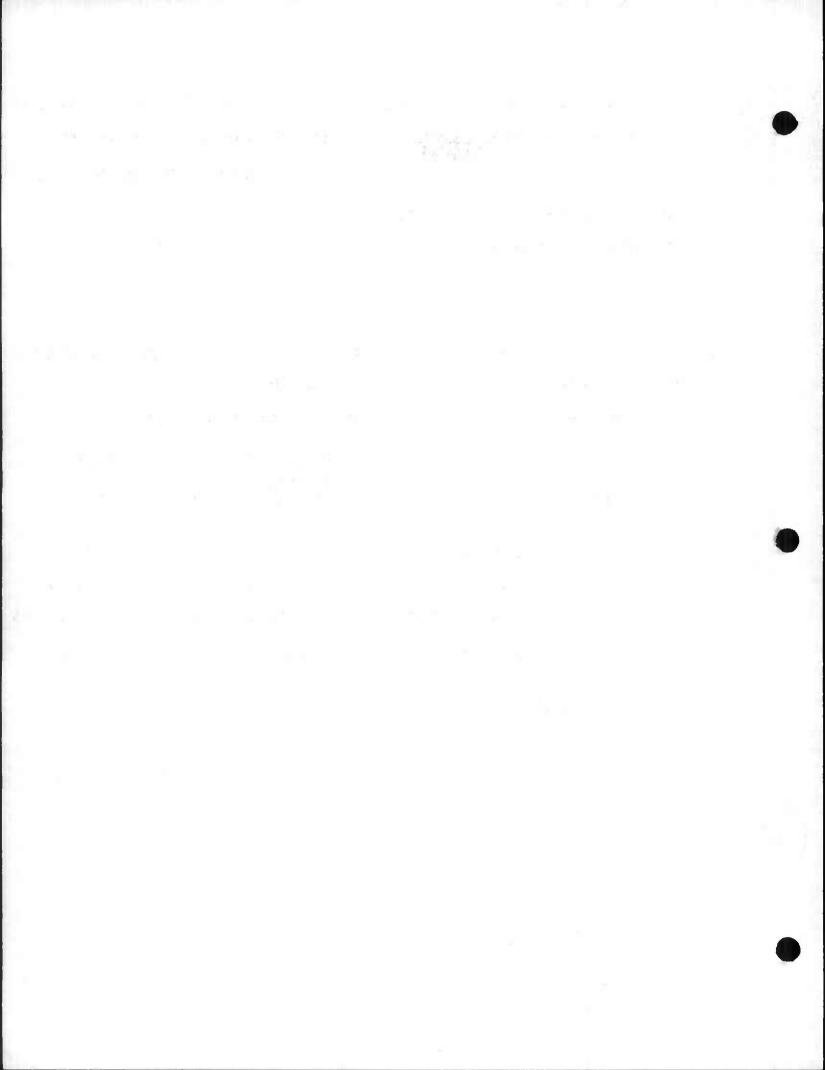
29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

				(Certifi	cate of	Death		Reg. No.				
Physic	ian	Decedent's Name (First, Middle, Last)						2. Date of D	Dev	Year	3. Time of Death		
/Med			MERFIELD		BURI	K		APRIL	13, 19	997	12:36		
Exami	ner	4a. Fecility Name (If not institution, give s	treet and number)				4b. City, Town,	or Location of Dee	th 4c. County	y of Death			
		SAINT JOSEPH M	EDICAL C	ENTER				, MARYL		BALTI	MORE		
Funeral		5. Social Security Number 6. Sex	7. Age M 2□ F	(In yrs. last birth	Mc	Under 1 Year		in. 8. Date of B	irth Pay, Year)	9. Birthple Counti	ece (State or Foreign ry)		
Director		ZW-UI-3484 X	84	Υ	rs.			MARCH 10			PM, MARYLAND		
p .		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Locatio								
sho	5	MARYLAND BALTIMORE		OCKEYSVIL		**				10	d. Inside City Limits 1 Yes 2 No		
he N	ect		U	UCKE TOV.IL									
di y	Director	10e. Street end Number 10315 MALCOUM CIRCLE AF	ΔΡΤΜΕΝΙΤ D		11	of. Zip Code 21030			10g. Citizen of U.S.A.	What Count	ry?		
within 72 hours after deeth with the Maryland jene. than "natural", or items 23a or 28a-f show the Madical Evanana, must be notified at	Funeral												
er de	un n		2. Was Decedent Ev Armed Forces?		13. Was	Decedent of s, specify Cul	Hispenic Origin? Dan, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)	lo- 14. Had Bla	ce - America ck, White, e			
semit. Pages 1 and 2 should be filed within 72 hours aft bepertment of Health and Mental Hyglene. mportant: if item 27 is marked other than "natural; or any injury or other traumatic event, the Medical Evant Mote.	by F	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 V Yes 2 No If Yes, Give	Add TT	101	res avo No	Specify:		Specif				
n 72 hours "natural",	8		Year or Dates:	W II	Dana danati	Llavel Occ			40h 1/h 4 -4 B	WHITE			
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within ene. than "	E	Elementary/Secondary (0-12)	College (1-4or 5+))			507		DAI TRACCE	- 00 - 171			
事長		17. Father's Name (First, Middle, Last)	N/A	BAII	ALION	CHIEF	18. Mother's I	Name (First, Middl			IRE DEPARTME		
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of Heaith Item 27 other tr		20e. Method of Disposition		20b. Placa of [LINCLL AFAI	Date	20c. Location				
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permit. Pages Depertment of Important: If Its any Injury or o		4 Donation 5 ☐ Other (Specify)		DULANEY	T			16, 1997	BALTIMORE	, MARYL	LAND		
Deper Impor Impor any Ir		21. Signature of Funeral Service License	9		22. Na	me and Addr	ess of Fecility FRAL HOME,	TNC					
20 = e o		Morthon 1000	m Cho	month				IMORE, MAR	YLAND 2123	86-4625			
		23a. Part1. Enter the disease, or complice shock, or heart fallure. List only one	ations that caused to	ne death. Do no	ot enter the	e mode of dy	ing, such as card	fiac or respiratory	arrest,		Approximate Interval Between		
Physician	п										Onset and Deeth		
/Medical	ш	Immediate Cause (Final disease or condition	I.IVER D	ISEASE	Č.					1	YEARS		
Examiner		resulting In death) a.		ue to (or as a co		ce of):							
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cate be a physician in the buria	edical	that initiated events resulting in death) Last	Du	Due to (or as a consequence of): BLEED:						EDING			
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0 9 8	Physicia	Part II. Other aignificant conditiona cont	ributing to death but	not resulting in t	the underl	ying cause g	iven in Part I.	23b. Die	i tobacco use co	entribute to	the cause of death?		
that the ed by th detachs	F.	EDEMA OF LOWER EXTREMITIES							Yes 2X No	3 Probe	ably 4 Unknow		
2 68	by												
requires been sign should be	ted	HYPERTENSION						24a. Wa	s an autopsy formed?	24b. Wer	re autopsy tindings ilable prior to		
¥ 0 8	Pie Pie							-		ot di	pletion of cause eath?		
The star of st	Completed							10	Yes 2 No	10	Yes 21 No		
ant thea	Be C	25. Was case referred to medical					26. Place of I	Death (Check only					
die de	0	exeminer?	spital: 1 XInpatient	2□ ER/Outp	patient 3	□ DOA O	her:	Home 5 Res		ner (Snecify))		
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and the	atio	1 X Natural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day')	rear) inj	ury N		Yes 2 No						
To the state of the	Hici	3 ☐ Sulcide 6 ☐ Could not be	28e. Place of Injury	. At home, tarr	m, street, f	actory, office		28f. Location	(Street and Numi	ber or Rural	Route Number,		
atte d	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)				City of To	own, State)				
Applit Perm y file		29a. Certifier 1 Certifying Physi	clan: To the best of i	my knowledge,	death occ	urred at the t	ime, date and pla	ice, and due to the	e cause(s) and m	anner as sta	ited.		
To the Hospital within 24 hours. To the Funeral completely filled	edical	(Check only 2 Medical Examine one)	er: On the basis of e	xamination and/	or investig	gation, In my	opinion, death of	ocurred at the time	, date and placa,	and due to	the cause(s)		
of the company of the	ž	29b. Signeture end title of certifier				29c. Licen	se number		29d. Date signe	ed (Month, D	Pay, Year)		
		Colland	mi	D .		D 2	5886		Ц.	111	Q'T		
VX,	1	20 Name and address of several	ploted source at the	th (llam cost or	in put		2000		1	17.	JT		
10		30. Name and address of person who con					ROAD	тош	SON, MA	ADVIA	ND 21204		
000		31. Date filed (Month, Day, Year)	32. Registrar		020	TOKK	NOAD	TON	JOH, FI	- XIVI LUPA	MD SISO,		
St Regist	ate rar	APR 15 1997	ia suidro	n-Randell	2								
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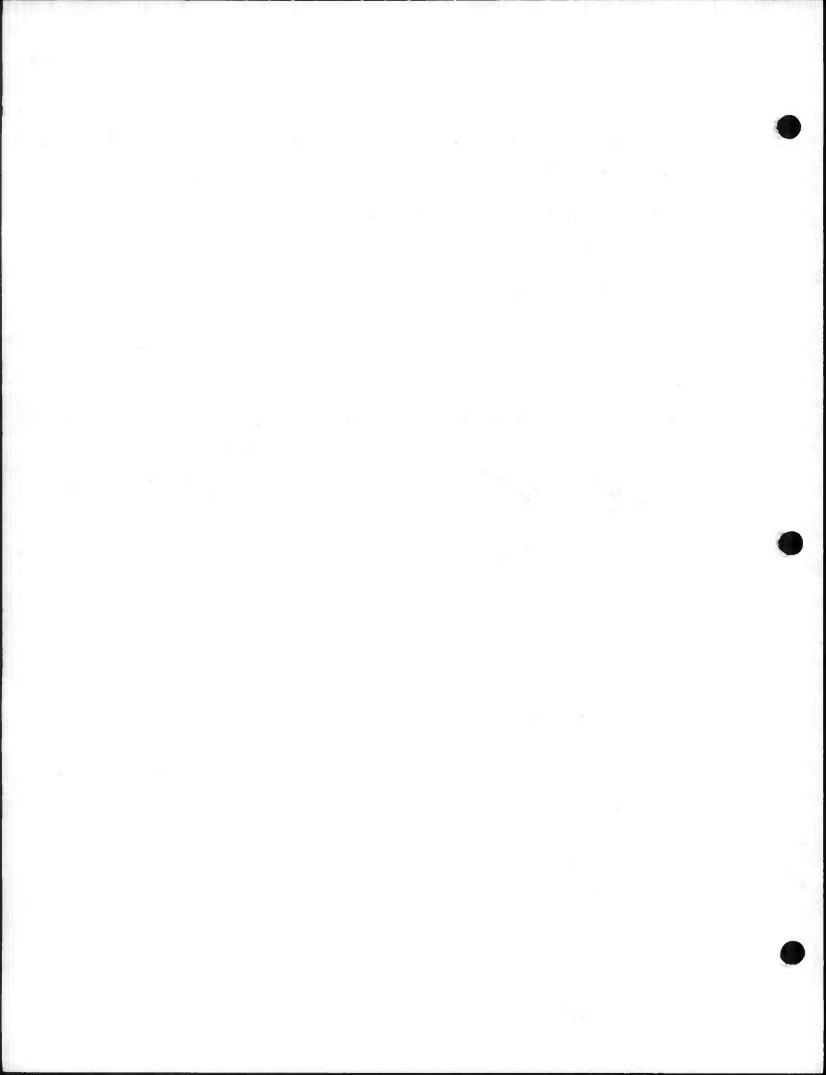
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State of Maryland / Department of Health and Mental Hygiene

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						Certificate of	Death		Reg. No.		1 1 6 0
16	Physici	an	Decedent's Name (First, Middle, John	Last) Maurice	P.,,	roughs		2. Date of D		Year	3. Time of Death
	/Medic		301111	naulice.		Toughs		April		97	4:40 A.1
	Examir		4a. Facility Name (If not institution,				4b. City, Town, or L				do 1
			Anne Arundel		enter		Annapo	_	Anne	ALUII	der
	uneral irector		158 09 3815	5. Sex 7. Ago 1 🖾 M 2 🗆 F	81	Months Days		(Month, D	irth Pay, Year) 21_1916	Cour	lace (State or Foreign stry) . J .
pug	3		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location			-		Od. Inside City Limits
ne Maryla	ours eftar death with the Marylan at', or itams 23a or 28a-f show Examiner man be notities at	ctor	Md Anne	Arundel		gewater					1 Yes 2 X No
th with th		ai Dire	710 Londonto	wn Road		10f. Zip Code 21	037		10g. Citizen of \	What Cour JSA	ntry?
5-0020 72 hours eftar death with the Maryland	"natural", or itams	by Funeral Director	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decedent B Armed Forces? XXYes 2 N If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cut		pecify Yes or N Rican, etc.)	o- 14. Rac Blee Specify	e - Americ ck, White, W	
		Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) College (1-4or 5		Decedent's Usual Occu (Give kind of work done life. DO NOT use retire	ipation of during most of world ed)	king	16b. Kind of B		
d 2121 filed within Hvoiena.		Eo	1.2	College (1-40r 5	D:	river			Elect	tric	Co.
	12 should be filed within hend Mantal Hygiena. Is marked other than traumetic evant, Italy	To Be C	17. Father's Name (First, Middle, La Maurice Youn		oughs		18. Mother's Nam		e, Maiden Suman Banning	,	
Maryland d 2 should be file thend Mantal Hy	- m	_	19a. Informant's Name/Reletionshi Jewel L. Bur			Mailing Address (Stree					
nore, ages 1 ar	permit. Pages 1 and 2 should be filed with Department of Haalth end Mantal Hygiena. Important: If Itam 27 Is marked other than any Injury or other traumatic evant, Itam QDGs.		20a. Method of Disposition 1 Burial 2 □ Cremation 3		20b. Placa of cemeter	Disposition (Name of y, crematory or other pla	aca)	Date 4/15	20c. Location -	City or To	
Baltimore, permit. Pages 1 ar Department of Haa	Important any Injury once.		4 □ Donation 5 □ Other (Special Servica Li		Lake	mont Ceme	ress of Fecility		ty Fun	eral	Home PA
			23a. Part1. Enter the disease, or c shock, or heart failure. List or	and		12 Ridge				Md	21401 Approximate Interval Between
3760, ate be executed w	Medical and supprision and supprisio	Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b. CVA	ATION Due to (or es e o Due to (or as a o	onsequenca of):	mon I A				
Box 6	attanding for use as	Physician/Me								mtribute to	the cause of death
P.O.	igned by the be dateched		Reseated	2 CVA	5	the underlying cause g	iven in Fact.				bably 4 Mnknov
of Vital Records, Physician: The law requires the	2 should	Completed by							s en autopsy formed?	CO	ere eutopsy findings eileble prior to mpletion of cause death?
T e	page page	, or						1 🗆	Yes 20 No	10	Yes 24No
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OT VITA Physician:	0 0	To	examiner?	Hospital: 1 Inpatie	nt 2 ER/Out	patient 3 DOA	ther: 4 Nursing H	ome 5 ☐ Res	sidenca 8 🗆 Oth	er (Specif	y)
E 6	tor: After the		27. Manner of Death 1 DNatural 5 Pending 2 Accident Investiga	28a. Date of Injur (Month, De)		jury Wo	ury at ork?] Yes 2 No	28d. Describe	how injury occur	red	
Division Hospital or Attending 24 hours aftar death.	5 6	Certification:	3 Suicide 6 Could no 4 Homicide determin		iry - At home, far (Specify)	m, street, factory, office	1		(Street end Numb own, State)	er or Rura	I Route Number,
Hospit 4 hour	To the Funeral Dir completely filled in	edlcai (29a. Certifier (Check only one) 1D Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end menner es stated. 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) end menner es stated.						tated. the cause(s)		
To the within 2	To th	Me	29b. Signature and title of certifier			29c. Licen	nse nu <i>m</i> ber		29d. Date signe	d (Month,	Day, Year)
)	10.) wma	wall		D2	4768		4/11/9	7	
	10		30. Name and address of person with the same of the sa	DAZRS	M D.	FRANKLI	N + CA	THEPR	W STS	ANN	1- MD. 2140
	Sta Registr		31. Date filed (Month, Day, Year) APR 15 1997	32. Registre	r's Signature	della					



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29b. Signafare, and title of certifie

APR 15 1997

death.

To the Hospital or Att within 24 hours after of To the Funeral Direct

Hospital or Attending

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Records.

Division of Vital

Physician/Medical ate has been signed by page 2 should be detac by Completed Be 2 edicai Certification:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an eutopsy performed? 24b. Were eutopsy findings aveileble prior to completion of cause of death? HE Yes 2 - No 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 X Residenca 6 Other (Specify) 1 X Yes 2 □ No 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Netural fouldir Found 4/7/97 1 Yes 2XXNo Unknown 2 Accident 7:00 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 1820 Guilford Ave. 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homleide Found: Residence Baltimore, Maryland 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and placa, end due to the ceuse(s) end manner stated. 29a. Certifier

29c. License number

O.C.M.E.

7:13 PM

MD

10d. Inside City Limits 1 Yes 2 No

Approximete Interval Between Onset and Deeth

29d. Date signed (Month, Day, Year)

APRIL 08, 1997

State Registra

111 Penn Street, Baltimore, Maryland 21201 Margarita Korell M.D. 111
31. Dete filed (Month, Dey, Year)
ADD 1 5 1007

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

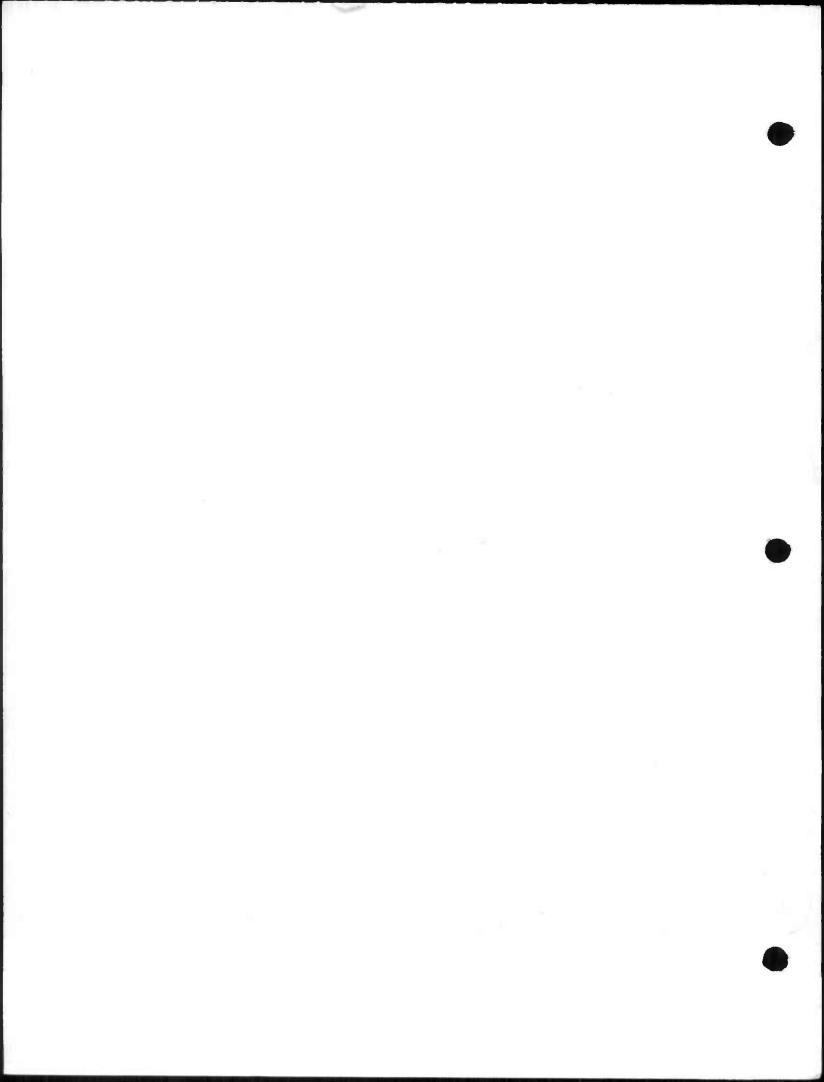
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Γ	1. DI	CEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_														
,	1. DECEDENT'S NAME (First	,	-77							2; DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
-	Vlobe-4		+- Bro		9					Mer		11 1	997	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, De			Count	**
) THS.	122	SEPT 12,1926 BALTO So. CITY, TOWN OR LOCATION OF DEATH So. COUNTY OF DEATH				LTO., MD						
- 1	9a. FACILITY NAME (# not in	`	-				EATH				EATH			
Dinection	VETERANS HO)		BALT	IMORI	Ξ				N/A				
	10a. STATE	10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY			
	MD		BALTIM	IORE			BAL	TIMO	RE				LIMITS? 1 YES 2 X NO	
4	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF	WNAT COUNTRY?
	1551 CLAIRI	DGE RO	AD				_	212	207				U. S	S.A.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specific Control of Contro										or No-	14. RACI	E — American Indian, k, White, etc.	
	1 Never Married 2 A Married F YES, GIVE WAR OR DATES 1 VES 2 NO Specify: Specify:											My:		
- 11	KOREAN													
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
	Elementary/Secondary (I		College (1-4 or 8	+)		use refired.) MAINTENANCE				CO	MMIINI	ГСАТ:	TONS	(TELEDUONE)
	12TH GRADE				попп	111111						(IEEE HONE)		
- 11	17. FATHER'S NAME (First, Middle, Last) EDWARD ALBERT BRANNING MARY CATHERINE CONNOLLY													
1	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
2	1996. INFORMANT'S NAME (Type/Print) ANN E. (BETTY) BRANNING (WIFE) 1551 CLAIRIDGE ROAD - BALTIMORE, MD 21207													
	20a. METHOD OF DISPOSIT			20b. PLACE					MD	DATE	-		- City or To	
	1 Donation 5 Other		oval from Stata						иетен			LTIMO		
į	Camerical 2 Cremetion 3 Removal from State Camerical Cremetical of Other (Specify) BALTIMORE BALTIMORE BALTIMORE Place Camerical Cremetical Constant of Camerical Constant of Cameri													
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	23. PART Enter the d shock, or h		List only one car			not ente	r the m	ode or dy	ing, auc	n aa cardiad	or reapi	ratory a	rrest,	Approximats intervsi Batween
	IMMEDIATE CAUSE (Fi	nal		1	_,		2							Onset and Death
	disease or condition resulting in death) a. Aspiration Pricumonia Due to (on as a consequence of): Anoxic Encephalo partly DIETO (on as a consequence of):											14 days		
		_	DOE TO	A. a. a. a.	,	FI.		\act.	or t	14				2 year
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
	cause. Enter UNDERLYING													
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
							,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	☐ YES 2	Julio		OF DEATH?
	DID TORACCO !	ISE CONTI	RIBUTE TO CA	LUSE OF DE	ATH V	FS 🖂	NO T	HNI	FRTAI	ND				1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25, WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one)													
	EXAMINER?		HOSPITAL:	FR/Outpatlant	3 🗆 BOA	OTHE		- E [[]	a aldanaa	6 🗆 Other (S	Daniel I			•
	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TIR	NE OF	28c. IN	JURY AT	igenderice	28d. DESCR		NJURY O	CCURED	
	1 Netural 5	Pending	(Month, I	Day, Year)	IN	JURY	_	ORK? YES 2	NO					
	2 Accident 3 Suicide	Investigation Could not be	28a. PLACE	OF INJURY - At I	ome, farm,	street, fe	ctory, offi	Ce					er or Rural	Route Number,
	4 Homicide	determined	bullung	, etc. (Specify)						City or	Town, State)			
	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best o	of my knowledge, o	leath occur	red at the	time, dat	a and plac	e, end due	to the cause	(a) and mai	nner ee at	ated.	
4 Homicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									a) and manner as stated.					
								O (Month, Day, Year)						
	1. Mc	Fredden	- MD						Oran					
2	30. NAME AND ADDRESS C		O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Typ	e, Print)			0	,,,			7,	26 1 1 1 1
	Christ	other :	B. MUCF	adden	I.MI	>	101	1. Gu	00	110 5	T	RAIS	77)	11, 1997 M. J. 2/20)
	31. DATE DE MORT. 46	07	42h asamu	Addenia Admir	ALCO .		J , U	. 01			-	NI-		1. 04 1 100 1
	WLUTO !	IJI	0											



State of Maryland / Department of Health and Mental Hygiene Items23PartI, II 4-15-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Dete of Death **Physician** Month ELLA LOUISE COOPER 06. APRIL 1997 7:02 PM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Yeer) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 9 F 220-30-4098 Yrs Director Marylond Usual Rasidence of Dacedant 10a. Stete 10h. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 1 1 1 1 1 No Director BALTIMORE marycono 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 4801 ALHAMBAD Nems 23e USA 21212 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Raca - American Indian, Black, White, etc. traumatic event, the Medical Examiner 1 ☐ Never Married 2 ☐ Merried 6 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: Black 3 Widowed 4 □ Divorced "nature!". Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within 7; Department of Health and Mental Hygiena. Important: if item 27 is merked other than "na any injury or other traumetic event, the Media once. Elamentary/Secondary (0-12) Private frankly College (1-4or 5+) Domestic 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be ANNA MAL RICE GE019E CHARMS 2 19a. Informant's Name/Relationship (Typa, Print) 19b. Malling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) 4801 ALMAMBIE AVE BALTIME, Ad 21212 COSS CHARMS SISTEN 20b. Placa of Disposition (Nema of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 ☐ Burlat 2 ☐ Cramation 3 ☐ Removal from State 4 Donation 5 Pothar (Specify) ENTRUBMENT ARBUTUS MUNUMONCHATA HLBUTUS Mary Cons CHATRAN-HALLIS F. N. 21. Signature of Funaral Service Licansee 22. Name and Address of Fecility 52 40 RUSTERSTULL 23a. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final 5 MINUTES RESPIRATORY ARREST disease or condition resulting in death) Examiner Due to (or as a consequence of) Cancer Of Lungs requires that the death certificate be axecuted burial-transit Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and Due to (or as a consequence of): CVA P.O. Box 68760. physician Physician/Medical tha Due to (or as a consequence of) Renal Failure attending ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Dementia Records, by 99 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy peed paga 2 cartificata has 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ို 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 1 X Natural Injury 5 Pending 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be datarminad 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) ঠ 4 Homicida within 24 hours aft To the Funeral Di complately filled in tX Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

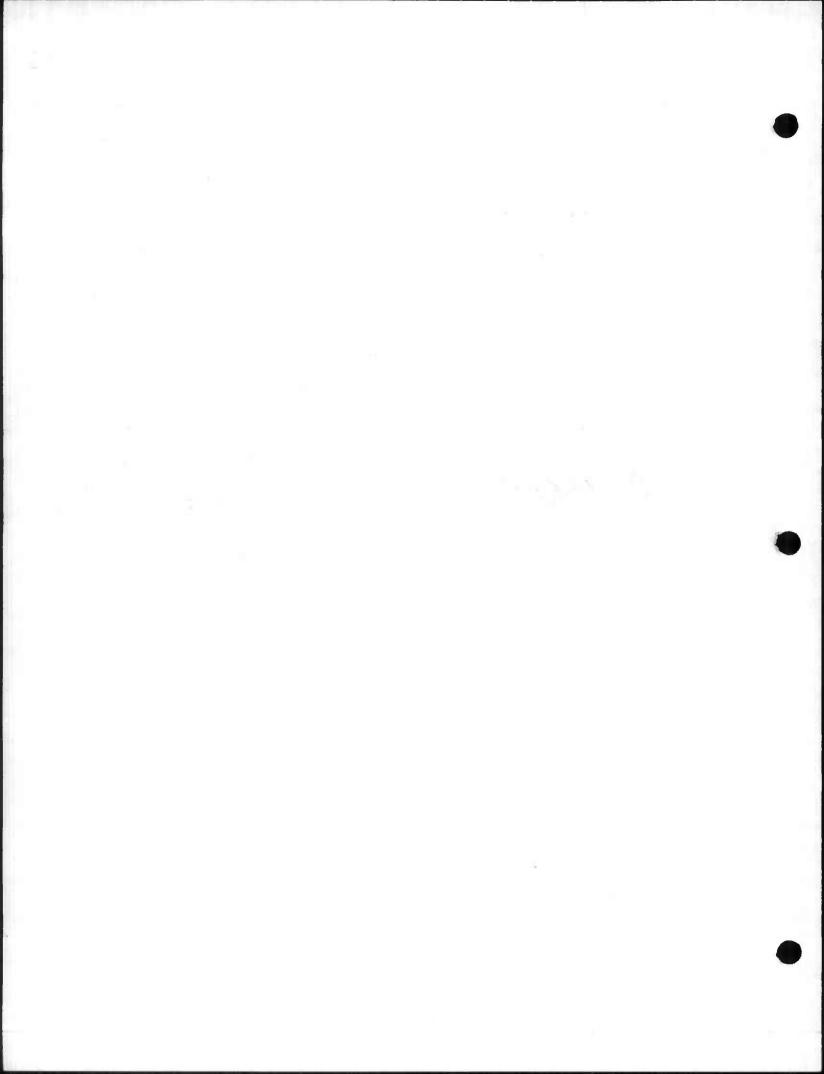
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and 29c. License number 29d. Date signed (Month, Dey, Year) 51471 06 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) CHRISTOPHER S. MACCORD, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Mon 32. Registrar's Signature

Registra

State

State of Maryland / Department of Health and Mental Hygiene

1299 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** MARGARET A. CAVEY G: IDAM 1997 12 April /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE If Under 1 Year if Under 24 Hrs. 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplace (Stete or Foreign Country) **Funeral** 1 ☐ M 2 🖾 F Months Days Hours Yrs. 214-56-1065 79 Director AUG 1, 1917 MD Usuat Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits show notified a MD Anne Arundel Annapolis 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or filed within 72 hours after death with 1163 River Bay Road USA 21401 Funerai r than "natural", or Items If a Medical Examiner ma 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 XNo Specify: Be Completed by Specify: White 3 ☑ Widowed 4 ☐ Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Pages 1 and 2 should be filed w tment of Health and Mental Hygies tant: If item 27 Is marked other ti jury or other traumstic event, Its Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Howard Groomes Gertrude Owings 2 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) 2640 Marston Rd. New Windsor, MD 21776 Gary Cavey/Son 20a. Method of Disposition 20b. Ptaca of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from State Department of Important: If any Injury or Metro Crematory, Inc. 4/14/97 Baltimore, MD 4 Donation 5 ☐ Other (Specify) 21. Signature Cemeral Service License 22. Name and Address of Facility Cremation Society of Maryland, Inc. Edward A. Gregorchik 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medicai Idiopathic thrombocytopenic purpura 8 years Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be asscuted burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Last Due to (or as a consequenca of) P.O. Box 68760, Physician/Medical tha Due to (or as a consequence of) for usa as datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? is cartificata has been signed by director, page 2 should be datac 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings aveilable prior to Completed 24a. Wes an autopsy performed? completion of cause of death? 1 ☐ Yes 2 No 1 Yes of Vital Physician: 25. Was case referred to medical examiner? Certification: To Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA S 27. Manner of Death Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred guilding Division 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) E 4 - Homicide 6 Medicai 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date and piaca, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Day, Yeer) 29c. License number April 12,1997 000 RES 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) 600 N. WOLFE AVE, BALTIMORE SUSAN MANI 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State APR 15 whie Sauldson-Randoll Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1300 Item: 31 per V.R. 4/±5/97 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** WILLIAM CHAPMAN /Medical 4e. Fecility Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Dee Examiner Baltimore Maryan General 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** Birthplece (State or Foreign Country) Deys 10M 20F Hours 219-78-931 3/ Director 391timore, ML Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 Yes 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 0 items 23a 212 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Pages 1 and 2 should be filed within 72 hours after tent of Health and Mental Hygiene. nt: If Item 27 Is marked other than "natural", or ite Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Yes 2000 Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: 3/9C Completed traumatic event, the Medical 15. Decedent's Education fy only highest grede completed) 16e. Dacedant's Usuel Occupation (Giva kind of work done during most of working life., DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1,4or 5+) abore 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Jam es Moore 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health a important: If Item 27 is any Injury or other tra once. bulette Coman-Sister 104 North 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete 4 Donetion 5 □ Other (Specify) 21. Signature of Funeral Sergice License 22. Neme end Address of Fecility Wilmor St. 38 N. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heer failure. List only pre ceuse on each line. **Physician** erebrovascular Accident Immediate Ceuse (Finel disaese or condition resulting In death) /Medical Examiner Examine Deficiency Syndrome Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceusa (Disease or Injury that Initiated events resulting In deeth) Lest piratory Physician/Medical Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? be detact 1 Yes 2 No 3 □ Probably 4 □ Unknown à Completed 24e. Wes en eutopsy performed? 24b. Wera eutopsy findings evelleble prior to completion of cause of deeth? 1 Yes 2 0 No 1 Yas 2 No 25. Wes case raferred to medical exeminer? Be 28. Placa of Deeth (Check only one) 1 Yas 2 No Hospitel: Other: 4 Nursing Home 5 Residence Medical Certification: To 1 Dinpatient 2 ER/Outpetient 3 DOA 6 ☐Other (Specify) 100 27. Menner of Death 28a. Date of Injury (Month, Dey Yaer) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Alter 5 Pending investigation 1 Naturel 1 Yas 2 No 2 Accidant 6 Could not be datermined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide

Box 68760. P.O. Division of Vital Records, Attending Physician: I or Attend after deal! Director:

the Maryland

Baltimore, Maryland 21215-0020

in by Hospital 24 hours a Funaral 77

30. Name end eddress of person who completed cause of deeth (Itam 23e) (Type, Print) hiolopehaims 31. Dete filed (Month, Day, Year) State

29b. Signeture and little of certifier

29a. Certifier

32. Registrer's Signeture

2600 LI SEAM

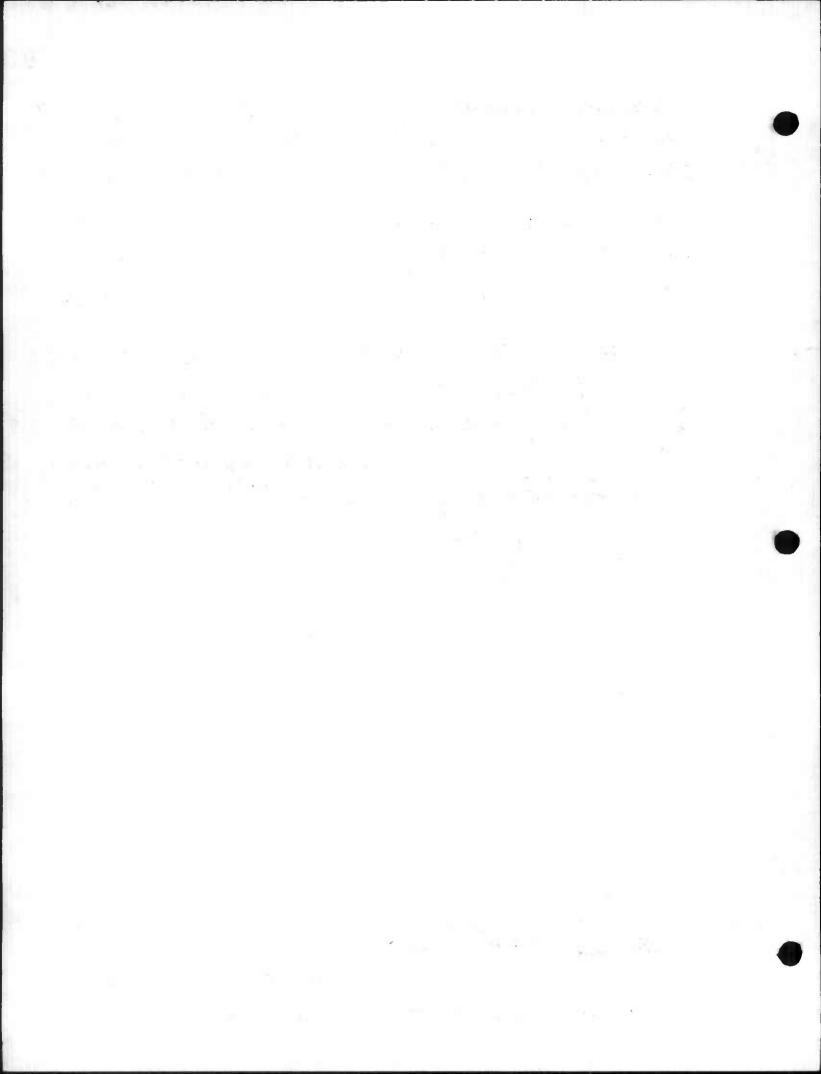
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29d. Date signed (Month, Day, Year) 97

12 Certifying Phyeician: To tha best of my knowladge, deeth occurred et the time, dete end plece, end due to the causa(s) end menner es etated.

2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, death occurred et tha time, dete end plece, end dua to the cause(s) and menner steted.

Registrar



State of Maryland / Department of Health and Mental Hygiene

						Certificate of	f Death		Reg. No.	1	11301
	Physic	ion	Decedent's Neme (First, Mid					2. Dete of De Month		Yeer	3. Time of Death
	/Med			1. CARR				4		1997	12:15 a
	Exami	ner	4e. Facility Nama (If not instituti	-	·		4b. City, Town, or L		4c. County	of Death	
L		,	Bon here			6 Rent Unit	Billia	YA, AH		ma	
	Funeral Director		5. Social Security Number 217 – 26 – 8949	6. Sax 1□ M 3√3 F	7. Age (In yrs. lest bii 66	Yrs. If Under 1 Ya	ar If Under 24 Hrs. ys Hours Min.	8. Date of Bir Month, De NOV • 7	1930	9. Birthple Count BAL	ece (State or Foreign TMORE, MD
	and w		Usuel Residence of Decedent 10e. Stete 10b. Coun	v	10c. City, Tow	m or Location				10	d. Inside City Limits
	death with the Maryland ms 23a or 28a-f show r must be notified at	Director	MD	n/a		BALT	IMORE				XX Yas 2 □ No
	or 2	Dire	10e. Street and Number			10f. Zip Code	9		10g. Citizan of V	Whet Count	ry?
	ath w	<u>a</u>	516 NORMAND				1229		UNITED	STAT	
21215-0020	or ite	by Funeral	11. Marital Stetus 1 Never Married 2 Mar 3 Widowed 4 Divorce	rried 1 7as	9	13. Wes Decedent of If Yes, specify C	t HispenIc Origin? (Spuben, Maxican, Puerto X Specify:	pecify Yas or No Pican, etc.)		e - America ck, White, e	itc.
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-			19e. Intormant's Name/Ralation JAMES A.	ship (Type, Print) CARROLL-		5. Mailing Address (Stre 516 NORMAN			ORE, MD 2		Code)
Baltimore,	Pa # 7		20a. Method ot Disposition 1		namata	t Disposition (Neme of ry, cremetory or other p I SON FORES	ST VA CEM.	Dete 4-18-97	20c. Location - OWINGS		
Balti	Department Department Important: any injury 2008.		21. Signature of Funeral Service	Licensee	no Dec	22. Nama and Add	dress of Fecility	4300 W	ABASH A	VENUE	,BALTO.,M
			23a Parti Enter tha disease, of heart tailure. Lis	or complications that ca	used the math. Do	not enter the mode of c	lylng, such es cardiac	or raspiratory e	rrest,		Approximete intervel Between
W	Physician		and of heart tailure. Lis	·							Onset and Death
	/Medical Examiner		Immediate Gause (Final disease or outdition	B	rent	Cuci	roma mi	12		1	honth
B	Cxaminer	L	resulting in death)	0.	Due to (or es e	consequence ot): Mutast	,				
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09	be a siclan		cause. Enter Underlying Ceuse (Disease or Injury	c	krd ac		sky f lan	ñ			
x 68760,	requires that the death certificate be assocuted seen signed by the attending physician and hould be detached for use as the burial-transit		ž l								
Box	that the death cer ed by the attendin detached for use	Physician/	Pert II. Other eignificant condit	ons contributing to dea	th but not resulting li	n the underlying cause	given in Pert I.	23b. Dld	tobacco use coi	ntribute to	the cause of death?
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	ras tha signed I be de	by		1 10	in ca						
of Vital Records,	law requiras been si	Completed	Diuber	es on Hi	rus -	(2 ml's		24a. Wes perfo	an eutopsy rmed?	ave	ra autopsy tindings ileble prior to apletion ot cause eeth?
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Division o	tending Ph 56sth. Der Atter th the funeral	Certification: 1	27. Menne ot Deeth 1 ☑Naturel 5 ☐ Pend 2 ☐ Accident Inves 3 ☐ Suicide 6 ☐ Could	igation	, Day Yeer)		jury et /ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red	hep > P
D V	led in b		4 Homicide deter	mined 200. PIGCO (of Injury - At home, fag, etc. <i>(Specify)</i>	rm, street, tectory, offic	19	City or To	Street end Numb vn, State)	er or Murer	House Number
(1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edical	29a. Certifier 1 Certify (Check only one) 2 Madica	ng Physician: To the b t Examiner: On the bes end menne	ils ot exeminetion en	death occurred et the dor investigetion, in m	time, date end piece, y opinion, deeth occur	end due to the red et the time,	ceuse(s) end me dete end place,	enner es ste end due to	ited. the ceuse(s)
	ToT	×	29b. Signeture and title of certific				nse number		29d. Date signe		
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	5		30. Neme end eddress ot person Ad Car Who 31. Dete tiled (Month, Day, Year	who completed cause	ot deeth (Item 23e)	(Type, Print)	Bun Si	com	Hosp	, Bu	Sto. MC
	Sta Regista		31. Dete tiled (Month, Day, Year APR 15 1997	Julia Ja	gistrer's Signeture		-			and the second	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 17,18 per FH G-746 4-24-97 enh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 170 12 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deatl n/a BALTIMORE ST. MICHAELS VILLA | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Houra | Min. | DEC-20, 1924 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign 1□M XQF 216-40-1330 BALTIMORE, MD 72 Yrs. Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 UNITED STATES WOODLAND AVENUE 12. Was Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 ☑ Mo if Yes, Give Year or Dates: 1 Never Merried 2 Married 1 Tes 2 No Specify: BLACK Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 12 th College (1-4or 5+) DOMESTIC at own home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname)

WOODLAND

22. Name and Address of Fecility

28c. injury at Work?

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

🖾 Certifying Phyaiclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

1 ☐ Yes 2 ☐ No

CHARLES A. DUDLEY

GARRISON

Due to (or es a consequence of)

Due to (or as a consequenca of)

Due to (or es e consequence of):

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line.

STAGE

RDIO MNO PATHY.

1 Inpatient 2 ER/Outpetient 3 DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28a. Date of Injury (Month, Day Year)

MELLITUS

Hospital:

30 Name and eddress of person who completed cause of deeth (Item 23e) (Typa, Pint)

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

HARRIET

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Dete

FOREST VA CEM. 4-16-97 OWINGS MILLS.MD

CHATMON - JESSIE DACHILDS

20c. Location - City or Town, State

23b. Did tobacco usa contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings evailable prior to completion of cause of death?

1 Yes 2 HNO

6 months

AVENUE, BALTIMORE, MD 21215

WEST 4300 WABASH AVENUE, BALTO., MD # 15

24a. Wes an autopsy performed?

28d. Describe how Injury occurred

Other: Nursing Home 5 Residence 6 Other (Specify)

HEICHIS AVE, BALTO

26. Place of Death (Check only one)

b No

281. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dev. Year)

Physician /Medical Examiner

permit. Pegas Department of Important: If it any injury or o

Physician

/Medical

Examiner

10a, State

MD

3004

EDWARD T.

N☐\Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify)

19a. Informant'a Name/Relationship (Type, Print)

21. Signature of Funeral Service Licenses

20a. Method of Disposition

Immediate Cause (Finel

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest

25. Was case referred to medical examiner?

1 Yes

27. Manper of Deeth

Natural

2 Accident

4 Homicide

(Check only one)

3 ☐ Suicide

29a. Certifier

2 10 No

5 Pending

eropus

investigation

Could not be determined

disease or condition resulting in death)

CARTER

WILLIAM T. CARTER SR. Hus. 3004

Directo

Funeral

þ

Completed

Be

2

Funeral

Director

ir than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at

Pegas 1 and 2 should be filed within 72 hours after deeth a ment of Health and Mental Hyghene.
ant: If item 27 is merked other than "setural", or items 23a ury or other traumatic event, the Medical Examine must ury or other traumatic event, the Medical Examine must

Baltimore, Maryland 21215-0020

with the Maryland

Examiner and attending physiclan Physician/Medicai the signed by by Completed peed Be Certification: To

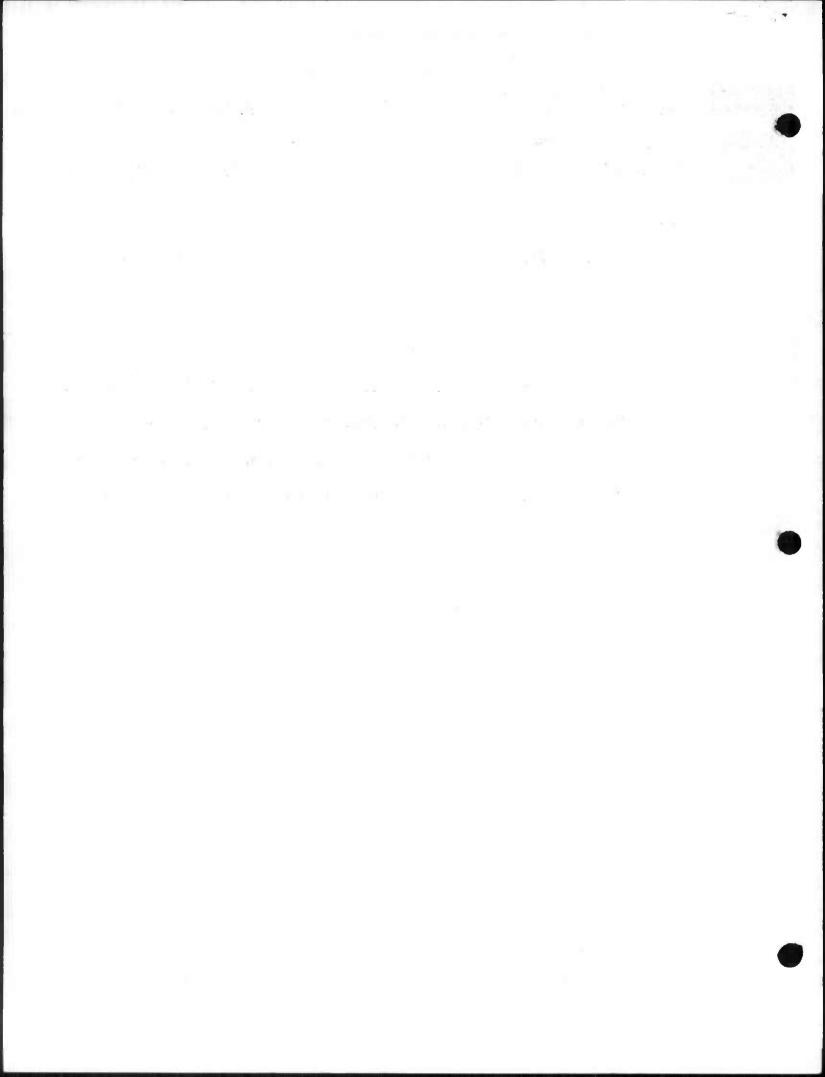
The law requires that the death certificate be executed Box 68760, Division of Vital Records, P.O. Attanding Physician: uneral Aftert ier death. by the f 3

> State Registrar

edical

29b. Signature and title of certifier

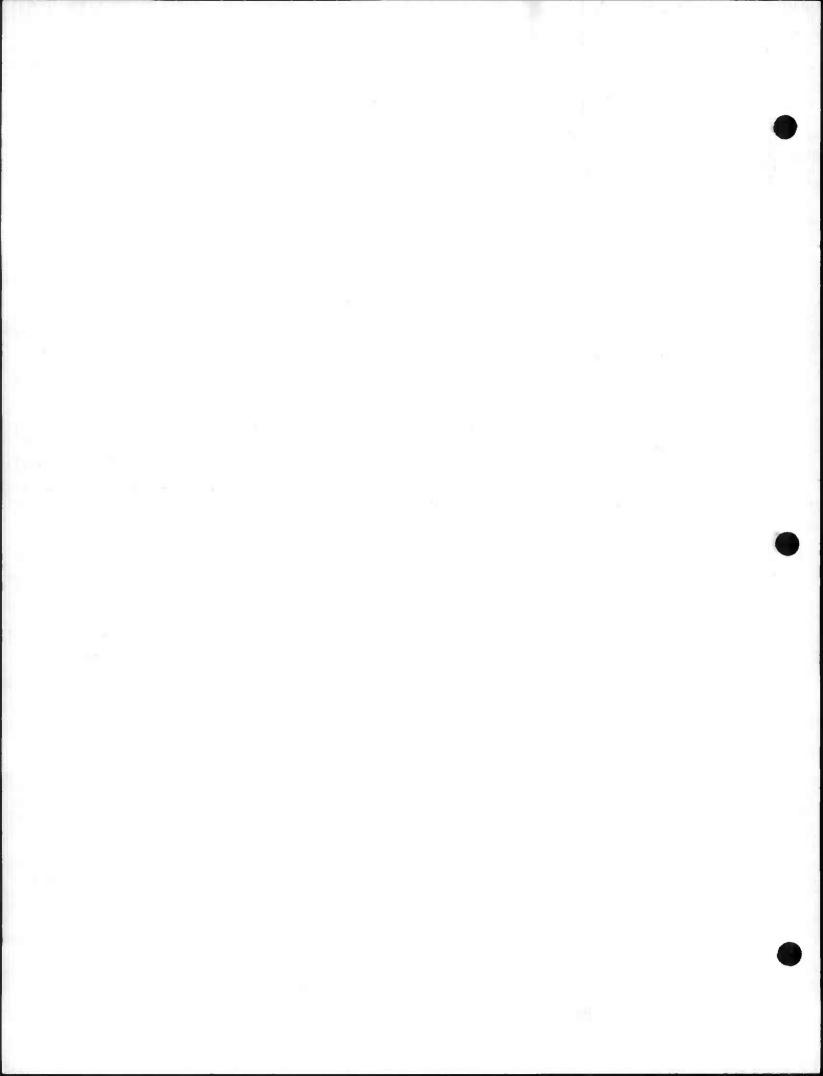
32. Registrar's Signature wha Davidson



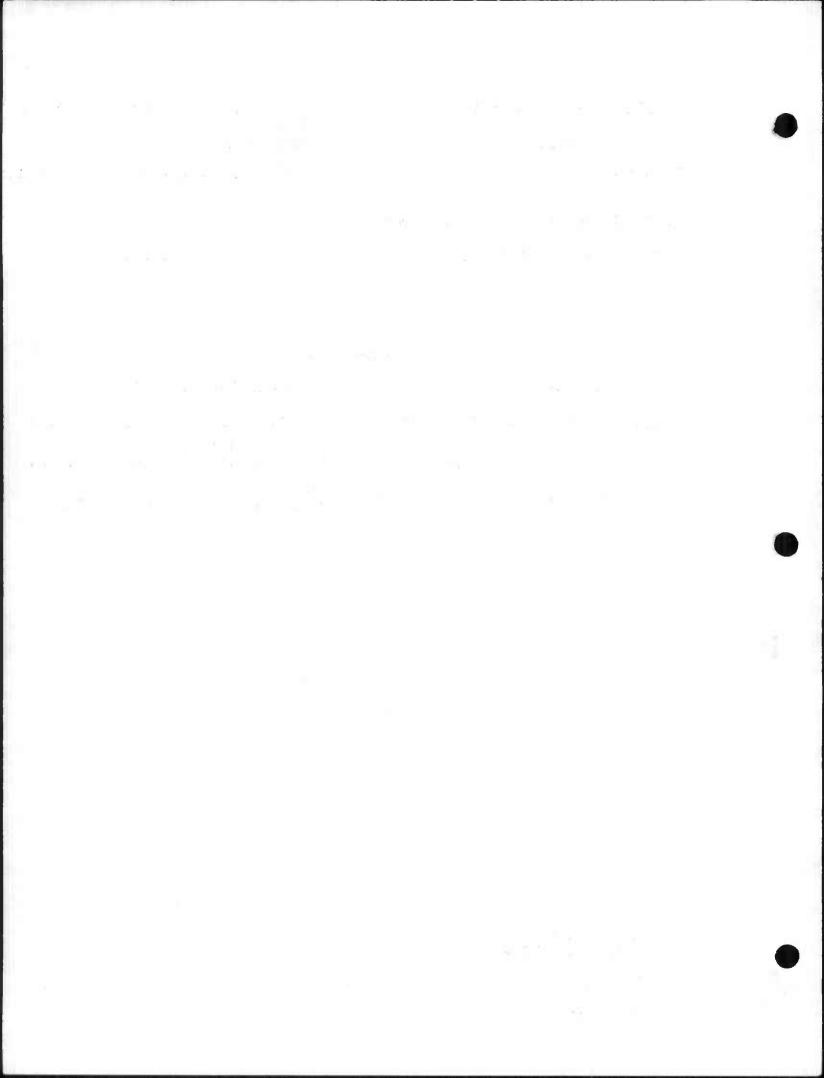
.b		ITEM; 1 per M.E G-746 4 1. Decedent's Name (First, Middle, Last)	-22-97 eoh		rtificate of		2. Date of De	Reg. No.	3. Tima of Death
Physic /Med Exam	ical	4a. Facility Nama (If not institution, give s MARYLAND SHOCK	traat and number) C TRAUMA	CHA	ASE JR.	4b. City, Town, o	APRII r Location of Deet ORE	th 4c. County	Year 997 12:35 <i>I</i> of Death <i>N</i> / <i>A</i>
Funera Directo		5. Social Sacurity Number 216-96-0600 Usual Residence of Decedent	7. Age (In yr.	rs. last birthday,	If Undar 1 Yaar Months Days	If Under 24 H Hours Mi		rth ay, Yeard 1980	9. Birthplace (Stata or Foraign Country) MARYLAND
ith the Maryland or 28a-f show	Director	10a. State 10b. County MARYLAND 10e. Street and Number	/A 10c. (City, Town or Lo	ocation BA 10f. Zip Code	-LTIMO	RE C	1 TV 10g. Citizen of \	10d. Inside City Limits 1. ✓ Yas 2 □ No What Country?
and 21215-0020 be filed within 72 hours after death with the Maryland htal Hygiena. d other then "natural", or frems 23a or 28a-f show event, Ira Madical Examiner must be notified a	by Funeral Director	11. Marital Status 1 1 ★ Navar Marriad 2 ☐ Married	2. Was Dacedent Ever in Armed Forces? 1 Yes, Give Year or Dates:	U,S. 13.	Was Dacedent of I If Yas, specify Cub 1 ☐ Yes 2 ☑ No	2/2/ Hispanic Origin? ean, Mexican, Pue Specify:	o- 14. Rac Blac	ce - American Indian, ck, White, atc.	
Z1Z15-0020 d within 72 hours af giena. sr than "natural", or than "natural", or	Completed t	15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12) 9 + H GRADE	ation	(Give	dent's Usual Occup kind of work done DO NOT use retire	during most of w d)	orking	16b. Kind of B	usiness/Industry + SCHOOL
Maryland 2 d 2 should be filed th and Mantal Hygid 7 Is marked other traumatic event, II	To Be	17. Father's Name (First, Middle, Last) CEORICK 19a. Informent's Name/Relationship (Type)		TASE	SR, ng Address (Stree	RACH		, Malden Suman	WELL
or Heal		RACHELL POWEL 20a. Method of Disposition 1 Burial 2 Cramation 3 Re 4 Donation, 5 Other (Specify)	20b.	Place of Dispo cemetery, cre	majory or other pla	C0)	1		E, MD, 2/2/6 dity or Town, State
Baltimo pemit. Page Department of Important: if any Injury or		21. Signature of Funaral Service License 23a. Part1. Enter the disease, or compile shock, or heart failure. List only one							HORE, MARYLAN ERAL HOME, P. RE, MP, 2121
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Gun shot	- War.	rds to				
icate be executed physician and sthe burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury c.		(or as a consec					
EOX OS/OU, eath certificate be ex attending physician for use as the buria	n/Medicai	resulting in death) Last Due to (or as a consequence of):							
that the ded by the datached		1							ntribute to the cause of death
aw requires ts been sign	Completed by							s an autopsy ormed?	24b. Were autopsy findings available prior to completion of causa of death?
= F # E	e Co						1.00	Yes 2□No	1 PYes 2□ No
Physician: Triplications director, p	To B	25. Was case referred to medical examiner?	ospital: 1 Inpatient 2	☐ ER/Outpetier	Oti	or.	eath (Check only		(0 ")
ling Afta Tune	Certification: T	27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Year) L-(0 - G7	28b. Time of Injury	f 28c. Inju Wo		Home 5 Resi	how injury occur	red
To the Hospital or Attend within 24 hours after deatt To the Funeral Director: completely filled in by the	ai Certifi	3 Suicide 6 Could not be determined 29a. Certifier 1 Certifying Physic	28e. Place of Injury - At building, etc. (Spec	cify)	n occurred et the ti	me, date and plac	City or To	3(K W.	per or Rural Route Number, Noth Ave anner as stated.
the Ho nin 24 the Fu npletely	Medical	(Check only Medical Examine	ar: On the basis of examination manner stated.	nation and/or In	vestigation, in my	opinion, death occ	curred at the time,	dete and plece,	and due to the cause(s)
To Too	M	29b. Signature and title of certifiar	1/1		O.C	. M . E			11,1997
-	ate	30. Name and eddress of person who com WIA FOU 31. Date filed (Month, Day, Year)	npleted cause of death (Ite	111		reet, I	Baltimo	re, Ma	cyland 21201

Registrar

Javidson-Randell APR 15 1997



			State of Maryland / Department of Certificate			iene 97	11304	
	=, ===		Decedent's Nama (First, Middla, Last)		2. Data of Death	1	3. Tima of Death	
	Physici /Medic		William Hubert Coleman		April	14 1997	5:30 am.	
	Examir		4a. Facility Name (If not institution, giva street and number)	4b. City, Town, or L	-	4c. County of Death		
			LongView Nursing Home	Manches		Carrol	1	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Undar 1 Yrs. 7. Age (In yrs. last birthdey) If Undar 1 Yrs. 7. Age (In yrs. last birthdey) If Undar 1 Yrs. 7. Age (In yrs. last birthdey) If Undar 1 Yrs.	aar If Undar 24 Hrs. Bys Hours Min.	8. Dete of Birth Month, Day, De C • 3	Year) 9. Birth	pleca (Steta or Foraign orth Carol	
ы	Director		270 20 0012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dec.3	1,1918 No	rth Carol	
	and *		Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location				10d. Inside City Limits	
	/ sho	ō					1 □ Yas Alano	
	28e-	Director	10e. Street end Number 10f. Zip Coo	10	1/	og. Citizan of Whet Cou	intn/?	
	With With			1088	U.S.A.			
	should be filed within 72 hours after death with the Maryland nd Mental Hyglene. I marked other than "natural", or items 23s or 28s-f show umatic event, the Medical Examiner must be notified at	Funeral	11. Marital Stetus 12. Wes Decedent Ever in U,S. Agmed Forcas? If Yas, specify (pecify Yas or No-	14. Reca - Amer	can indian,	
0	r Her	Fur	Armed Forcas? If Yas, specify (1 Never Merried 2 Married 12 Yes 2 No	of Hispenic Origin? (Sp Cuben, Maxican, Puerto	Rican, etc.)	Black, White	, etc.	
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21215-0020	72 hc	Completed	15. Decedant's Education 16a. Decedant's Usuel Oc (Specify only highast grada completed) (Giva kind of work de	ecupation	kina	6b. Kind of Business/li	ndustry	
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Maryland	d 2 sh h and 7 is m traum		19a. informent's Neme/Relationship (Type, Print) Hattie M. Coleman - Wife 4774 Baugh					
ď,	is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hyglene. Ifem 27 is marked other than "natural", or items 23s or 23s-f show other traumatic event, the Medical Examiner must be notited at							
Itimore,	Peges nent of l int: if ite		1 Burial 2 Cremetion 3 Removel from Stete cemetery, cramatory or other	place) April	16,199	Oc. Location - City or T	± 1/1	
=			4 Donetion 5 Other (Specify) 21. Signature of Funerel Sarvice Licensee 22. Neme end Ac	A	· cem.	Manches	ter, Ma.	
Ba	Departri Departri Imports eny Inje		Eckhard	t Funeral armil Dr.	Chapel			
			23a. Pert1. Entar the disease, or complications that caused the deeth. Do not antar tha mode of shock, or heart failure. List only one cause on each line.	armil Dr.	Manche or respiratory arre	ster, Md	. 21102	
1	Physician /Medical					1	Approximate Interval Between Onsat and Death	
ı.	Examiner		disease or condition resulting in deeth) e. Due to (or es a consequence of):	vore (Cmd)	Togel 1	ohs	
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Viital		Be C	25. Wes casa referred to medical	26 Place of Dee	th (Check only one		Yas 2 No	
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0	g Phys er this heral dii		27. Menger of Deeth 28a, Dete of injury 28b. Time of 28c. i	injury at Work?	28d. Describe ho		.,,,	
Ö	Attending or death. ector: After by the fune	atio		1 ☐ Yas 2 ☐ No				
- Committee		ertification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28a. Place of injury - At home, farm, street, fectory, off building, atc. (Specify)	ice	28f. Location (Str. City or Town	eet and Number or Rui , State)	ral Route Number,	
	ital or aft	O						
	Hospital or 24 hours afte Funeral Dir stely filled in	edical	29a. Cartifier (Check only 2 Medical Examinar: On the basis of exeminetion end/or investigetion, in n	a tima, deta and place, ny opinion, daath occur	and dua to the ca	use(s) and mannar as	stated. to the cause(s)	
	To the Hospital o within 24 hours at To the Funeral DI completely filled in	Med	end mannar stated.	ensa number		d. Date signed (Month		
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No.			30. Neme and addrass of person who completed cause of deeth (Item 23e) (Type, Print)	MA	NCLE	stermo	121112	
	Sta	te	31. Dete filed (Month, Day Year) 31. Dete filed (Month, Day Year) 32. Begisther's Signeture and all years and years and year	1/1/1	- VI	1/1/		
	Registr		44K T 9 1831					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey 1997 Month 11, Eva Μ. Cliffe April 10:00am 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Essex 31 Clipper Road
5. Sociel Security Number 6. Sex Baltimore If Under 1 Yeer | If Under 24 Hrs. 8. Dele of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 20 F Days 218-82- 9431 Yrs. 27,1914 83 Maryland Usual Residence of Decedant 10a Stale 10b. County 10c. City, Town or Location 10d. Inside City Limits **Baltimore** 1 Yes X No Md Essex 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 31 Clipper Road 21221 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: White Specify: 3 □ Widowed 4 □ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Housewife own home 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Andrew Schmidt Rosa Gackowski 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Estelle Kluver / niece 31 Clipper Road Baltimore Md. 21221 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Removal from State Metro Crematory Inc, 4 Donation 5 Other (Specify) 4/12/97 Baltimore MD. 21. Signalure of Funeral Service Licensee 22. Name and Address of Fecility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. the mode of dying, such as cardiac or respiratory errest. that caused the death. Do not enter the mode of dying, Pert1. Enter the disease shock, or heart failure. Approximete interval Between Onset and Death Immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury Ihal initiated events resulting in death) Last Due to (or as a consequence of) Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Was case raferred to medical 26. Place of Death (Check only one) exeminer? Hospital: Other: 4 Nursing Home 5 PasIdence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury al Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

🗗 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, date and place, and dua to the causa(s) and mannar as stated.

2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. License number

Baltimore

Md.

29d. Datasigged (Month, Day, Year)

Division of Vital Hospital or Attending Physician: **Physician**

/Medical

Examiner

Director

Funeral

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Completed

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Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Haalth end Mental Hygiena. net of Haalth end Mental Hygiena. nt: if Item 27 is marked other than "natural", or itema 23a or 28a-f show

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Baltimore, Maryland 21215-0020

7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Medical Examiner must be notified at

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permit. Page Department of Important: if any injury or once. injury or

Physician

/Medical Examiner

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29b. Signatura and title of certifier

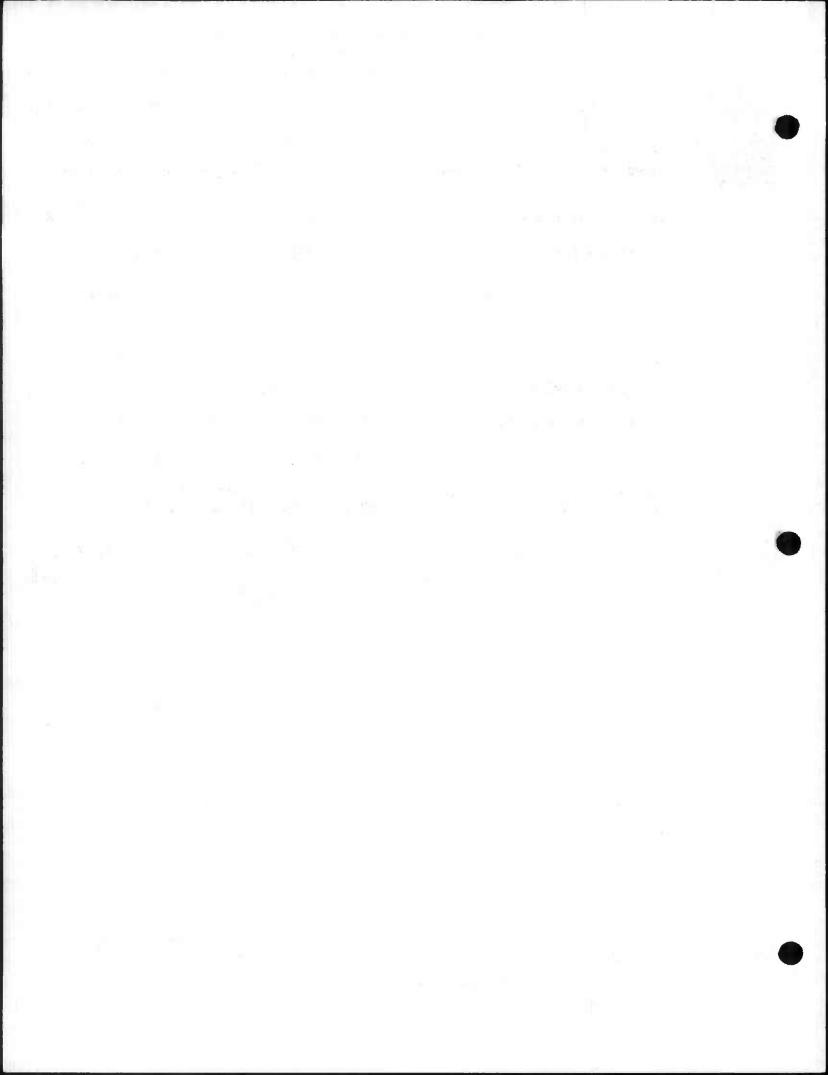
29a. Cartifier

State Registrar

John Conway

40 Dundalk Ave. 32 Registrar's Signature

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

	1 Decodent's No	eme (First, Middle	. 1 001)			7 1777 0 1170	of Death			eg. No.		
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State Registrar

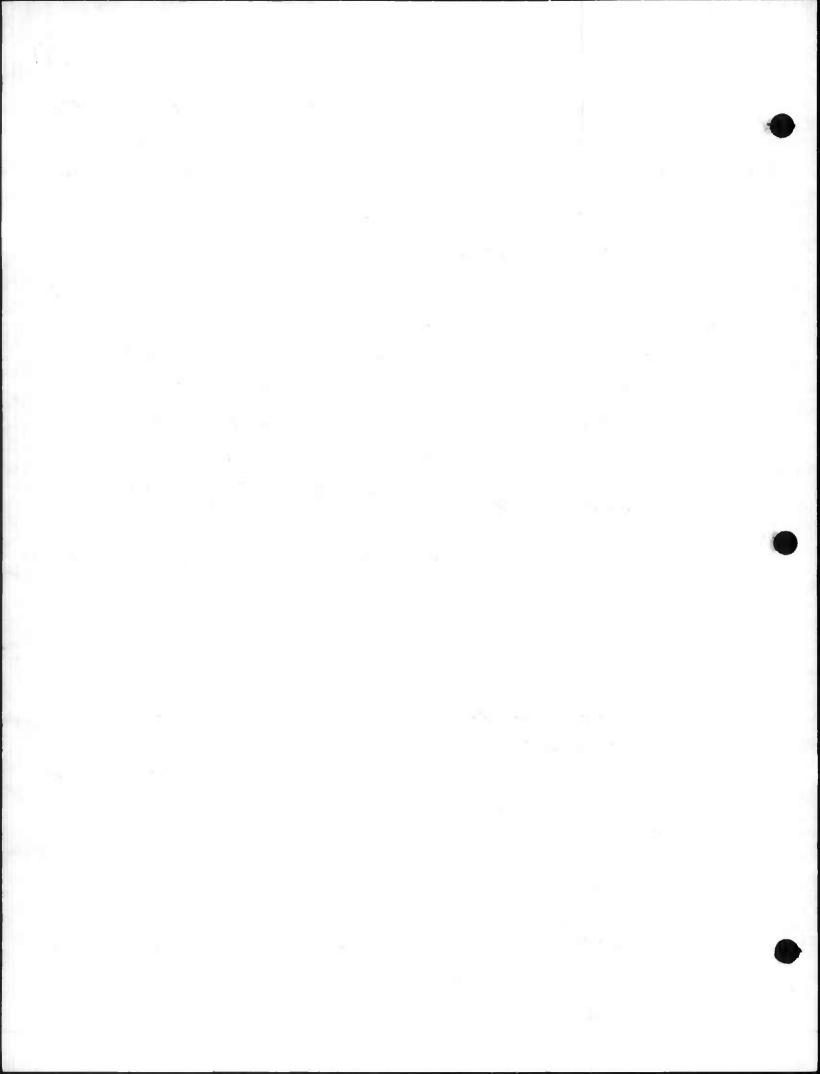
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Julia Sturdson Randelle



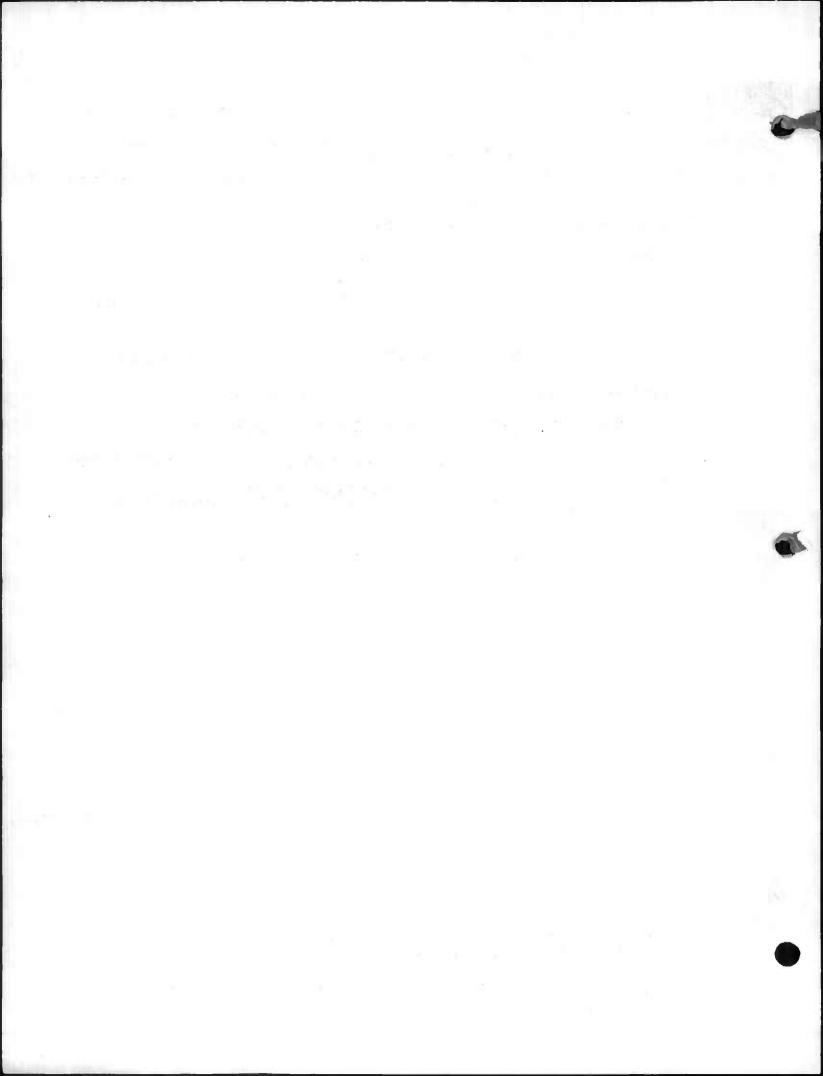
State of Maryland / Department of Health and Mental Hygiene 97 | 1307

					Ce	rtificat	e of	Death			Reg. No.			
		1. Decedent's Neme (First, Middl	e, Last)							2. Date of De	eth		3. T	ime of Death
Physici /Medi		BERNICE					DE	AN		Month APZIL	Day O 3		7 3	305 Am
Examin		4e. Fecility Name (If not institution	n, give street end numb	er)					wn, or Lo	ocation of Deet		County of Dea		77101
		North Ara	ndel Ho	soita				Gler	Bu	RNIE	A	nne Ar	han	10.
Funeral		5. Social Security Number	6. Sex , 7.	Age (In yrs. k				If Under	24 Hrs.	8 Date of Bir	th			Stete or Foreig
Director		219 76 0140 Usual Residence of Decedent	1□M 2F	64	Yrs.	Months	Days	Hours	Min.	3/15/3	33	Co	ountry) `	S.C.
ylanc # #		10a. State 10b. County		10c. City	, Town or Lo	cation							10d. ins	ide City Limit
the Marylan 28a-f show	to	MD. NON	IE		BALT	MORE							14	Yes 2 N
with the Maryland a or 28a-f show	Director	10e. Street end Number				10f. Zip	Code				10g, Citiz	ten of What Co	puntry?	
th with	0	730 EAS1	35th STR	FFT		1 3	2121	18				USA		
deeth	Funeral	11. Marital Status	12. Was Decede		S. 13.				ain? (Sp	ecify Yes or No)- 1	4. Race - Ame	ericen Indi	len
fer fer fer fer fer fer fer fer fer fer	F	1 ☐ Never Married 2 ☐ Marr	Armed Force			f Yes, spec	ify Cub	an, Mexicen	, Puerto	ecify Yes or No Rican, etc.)		Biack, Whit	e. etc.	
"natural", or items 23	by	3 ∰ Widowed 4 □ Divorced	If Yes, Give Year or Dete	H		1□ Yes	2∰ No	Specify:				Specify: AME	RICAN	AFRO V
72 h	ete	15. Deceden (Specify only higher	t's Educetion at grade completed)		(Give	dent's Usua kind of wor	rk done	during most	of work	ing	16b. Kin	nd of Business	/Industry	
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The Park A. Berlin	ပိ	12	0		H()MEMAI	KER	1				HOME		
	Be	17. Father's Name (First, Middle,	•							e (First, Middle				
should be nd Mental marked o	2	HARVEY	POWELL				_	R	OSEA	NNER	POWE	LL		
200		19a. Informant's Name/Reletions	hip (Type, Print)		19b. Maiiii	ng Address	(Stree	t end Numbe	r or Run	e <i>l Rou</i> te Numb	er, City or	Town, Stete,	Zip Code)	
1 end Health em 27 ther tr		ROSIE POWELL						LANE	, LO	RIS S.	2. 2	9569		
ges 1 e		20e. Method of Disposition 1#□ Bunal 2 □ Cremation	3 Demoval from Sta	0.0	ace of Dispo me <i>tery</i> , crei	sition (Nen netory or o	ne of ther ple	ce)		Date	20c. Loc	cation - City or	Town, Sta	ate
ermit. Pages 1 er Appertment of Hea Mportant: If Item 3 ny Injury or other MCE.		4 Donetion 5 Other (S			TIMORE	NAT]	I O N A	\L	4	/14/97	BALT	IOMRE.	MD.	
permit. Pages Depertment of Important: If I any Injury or once.		21. Signeture of Funeral Service	Licensee	,		. Name en	d Addr	ess of Facilit	V					
Deper Impo) Carl	C1 d	70.	9	ESTE	PE	ROTHE	RS F	UNERAL ALTO. N	HOME	P.A.		
-		23a. Pert1. Enter the disease, or	complications that ceu	sed the doubth.	. Do not ent	er the mod	e of dvi	ing such as	cerdiac	or respiratory e	YID.	21217	Annro	ximete
Physician		shock, or heert failure. List	only one ceuse on each	h line.			·	, , , , , , , , , , , , , , , , , , , ,		or reopratory c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interv	ei Between t end Deeth
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Examiner		disease or condition resulting In deeth)	Θ	11	reun	com	a						-	5 DA
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pet tisu	/Medical Examiner		b											
erificate be executed ling physicien end se es the burial-transit	хаг	Sequentially list conditions, if any, leeding to immediate		Due to (or	es a consec	uence of):								
be e	ie i	if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury	c											
phys the	ğ	thet initieted events resulting in deeth) Last		Due to (or	as e conseq	uence of):								
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death certif e attending ed for use e	cian													
the d	Physician	Part II. Other significent condition	474		lting in the u	nderlying co	euse gi	ven in Part I.		23b. Dld	tobacco (use contribute	to the ca	ause of dea
hat the	P.	Kenal	faile	18-6						1 🗆	Yes 2	□No 3□P	robably	4 Unkn
v requires that the death cer been signed by the attendin should be deteched for use	l by		faile tension									1 04		
requ	Completed	Hyper	fension							24a. Was perfo	en eutop: ormed?	,	available	opsy finding prior to on of ceuse
2 00 CM	npi	01											of deeth?	in or couse
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ysician: The s certificate director, peg	Be (25. Was case referred to medical exeminer?						28. Place	of Deatl	(Check only	one)			
5 00	To	1 ☐ Yes 2 ☑ No	Hospital:	atient 2 E	R/Outpatier	t 3 DO	A Ot	her: 4 Nu	rsing Ho	me 5 Resi	dence 6	☐Other (Spe	cify)	
g Pth er th neral		27. Menner of Death	28a. Dete of i	njury Dey Year)	28b. Time of	2	8c. Inju		-	28d. Describe				
Attending I or deeth. actor: After by the funer	Certification:	1 ☑Natural 5 ☐ Pending	9	Day 16ai/	Injury	М		Yes 2□t	No					
or Attendi efter deeth. Director: A d in by the fu	ific	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ned 200. Flace of	Injury - At hor	ne, farm, str	eet, factory	, office			28f. Location (Street end	Number or R	urel Route	Number,
s effe	Ser l	4 El Homicide	building,	etc. (Specity)	,					City or To	wii, Sielej			
To the Hospital or Attending Phy within 24 hours effer deeth. To the Funaral Director: After this completely filled in by the funeral	Medical ((Uneck only 2 Medical	g Physician: To the be Examiner: On the basis	of examinetic	riedge, death	occurred e	et the ti	me, dete and	place,	and due to the	ceuse(s)	and menner es place, end due	stated.	iuse(s)
thin the	Med	one)	and manner	stated.					_					
N N N		29b. Signature end title of certifier				290		se number	,			signed (Mont		
p		Jahwaii Ba	wing. MD				D	4786	0 /		APG	216 0	7 /	997
Kr.		30. Name end eddress of person												
		JOSEPH BUA	TENG, MD	NOF	274	ARUNE	EL	HOSP.	, 40	EN BUR	NIE	MD	210	61
Sta	te	31. Dete filed (Month, Day, Year)	9 32. Progi											
Registr	ar	APR 15 1997	1-2000	mon - N										



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Ų,	/Medi			PETE									APRIL :	13, 19			8:15 A.M.
5	Examir	ner			on, giva street and	number)					4b. City, To	own, or Lo	ocation of Dea	ith 4c.	. County	of Death	
			-	AYONNE A		- 4		to trade up. 1	Killnds	r 1 Year	SALTIMO If Under		0.00		LTIMO	ORE CI	
	Funeral		5. Social Security		6. Sex 100 M 2□ F	:	ge (In yrs. last	Yrs.	Months		Hours	Min.	8. Date of B (Month, D	ley, Year)		9. Birthp	lace (State or Foreign try)
	Director		216-10-786 Usual Residence	6 of Decadent	/\/\	84				L			FEBRUAR'	(22,	1913	BALTIN	10RE 00., MD.
	/lend		10a. State	10b. County	,		10c. City, To	own or Loc	ation							1	0d. Inside City Limits
	Men I	to	MARYLAND	BALTIMO	DE		BALTIM	noc m	VTM								1 Yes 2 No
	7 28g	Director	10e. Street and N				T DUCTION	UNE_U		p Code				10g. Cit	tizen of V	Vhat Coun	try?
	h with	0	5009 KENWO	OD AVENUI	F				212	206				11.5	S.A.		
	deat	Funeral	11. Marital Status		12. Was D		Evar in U,S.	13. V			lispanic Or	lgin? (Sp	ecify Yas or N Rican, etc.)		14. Rac	e - Americ	
0	or its		1 Nevar Ma	rriad 2 Mar	rled 1 ☐ Ye	Forces?							Hican, etc.)			k, White,	etc.
20	72 hours efter death with the Merylend natural", or items 23a or 28af show disal Examiner must be notified at	l by	3 ☐ Widowed	4 Divorced	. 11 100,	Give ^ r Datas:		'	☐ Yes	2 KU 140	Specify:				Specify	WHI	TE .
21215-0020	in 72 hours effer death with the Merylen "netural", or items 23a or 28a-1 show lecical Examiner must be notified at	Completed	(Spe		nt's Education est grede complete	nd)	11	6a. Deced	kind of w	ork done	during mos	st of work	ina	16b. K	ind of Bu	elness/Ind	dustry
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	al Hygie other t		17 Eather's Name	/Circl Middle	N/A	4	SU	PERVIS	XOR		10 14-11-	ada Mana	- (First Adiabat			D FAR	/IS
and	be of other	Be	17. Father's Name								18. Motne	ers Neme	e (First, Middi	e, Meiden	<i>Sum</i> em	10)	
2	should be and Mental marked o	10		PETER DI									NDRESS				
Maryland			19a. Informant's N										al Route Num				Code)
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9	Peges nent of I ant: If Ite		1X Burial 2	2 Cremation	3 Removal fro	m State	ceme	etery, crem	etory or	other ple		40 4					
Baltimore,	nit. Perenting ortant:		4 ∐ Donation 21. Sjanatylre of F	5 Other (S			GARDEN						997	BALT.	TMORE	, MAR	YLAND
Ba	permit. Peges 1 and 2 Department of Heelth e Important: If Item 27 Is any Injury or other tra once.		21. Signature of P	Content Service	Licarisee	~					SS OF FACILITY		C.				
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			shock, or he	art feilure. List	complications the only one ceuse of	n each ti	ne.	o not ente	r the mo	de ot dylr	ig, such as	cerdiac	or respiratory	arrest,		}	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause	(Final	\wedge	1	TZ	De	5 6	2 -		0.	Day				
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o uo	Affe	lo	27. Manner of Dea 1 ☑ Natural	5 Pendir	ng (M	te of Inju onth, De	y Year)	b. Time of Injury		28c. Injur Wor	k?		28d. Describe	now Injui	ry occurr	ed	
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Divisi	8 10 5	Certification:	4 Homlcide	determ			ury - At homa, c. <i>(Specify)</i>	, tarm, stre	et, tacto	у, опіса				own, State		er or mura	l Route Number,
A	and the second		29a. Certifier	f⊠ Certifyir	ng Physicien: To t	he hest	of my knowled	toe death	OCCUP TO	et the tin	ne date an	d ptace	and due to the	n couen(e)) and me	nner ac et	atod
	2.72 g	edical	(Check one one)	2 Madicat	Examiner: On the	basis o	examinetion	end/or inv	estigation	, in my o	pinion, dee	th occurr	ed at the time	, dete and	d place,	and due to	the cause(s)
_	within To the	Me	29b. Signature on	dutile of certific	1/	1	1		29	c. Licans	a numbar			29d. Da	te signed	d (Month, i	Day, Yaar)
	- 300		pt 1	Nan	1. M.	1.1	1 man	DIA	1	1	12	410	00	(1	,	111-	9
	0		30. Neme and edd	lress of person	who completed ca	use of o	leath (Item 23	e) (Type. F	Print)			1,0		4		4	()
	7		MADURA P				OREMS			ATT I	10RF	MARY	YLAND 2	21220			
	Sta	ite	31. Date filed (Mor	nth Dev Year	32	. Registr	ar's Signeture			15.1.41	10119	1 (1 11 1	·	0			
	Registr	ar	APR 15	1997	Julia Da	widson	- Pandal	2									

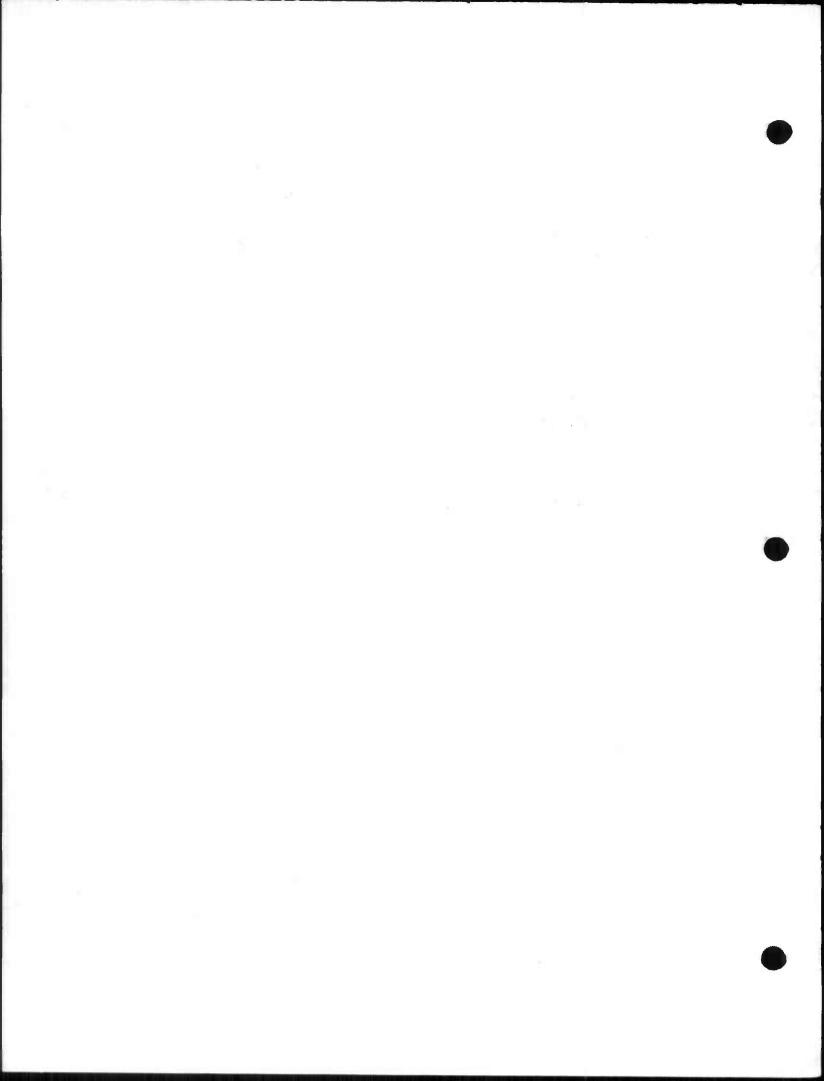


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 ATTENDORS PHYSICIAN: The law requin

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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
,	1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	Joe Evans (Accil 14, 1997) 2:30 Am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	220-36-1780 10 M 2 F 60 YRS. MONTHS DAYS HOURS MIN. Aug 13, 1936 COUNTY) NC
" I	98. FACILITY NAME (If not institution, give street end number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH
DIRECTOR	841 Radecke Ave Batto NA
2	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MD NA Baltimore 10 YES 2 100
FUNERAL	5417 Radecke Ave 101. ZIP CODE 109, CITIZEN OF WHAT COUNTRY?
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indian,
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 MO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MO Specify: Black, Whita, etc. Specify:
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highes) grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work done during most of working life. Do NOT use retired.]
MP	11th N/A Laborer Auto Plant
	17. FATHER'S NAME (First, Middle, Jast) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	19e. INFORMANT'S NAME (Type/Plnt) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
임	Mary Boode 5417 Radecke Ave Balto, MD
ļ	20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetory or other place) DATE 20c. LOCATION — City or Town, State Cemelery, cremetory or other place)
-4,	4 Donation 6 Dottian (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY
1	(Detts tuneral tome
\dashv	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, Dr heert failure. List Dnly Dne ceuse on each line.
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Desotfolionar 16 menth/
	DUE TO (OR AS A CONSEQUENCE OF):
NO N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING
Ĕ	CAUSE (Disease Dr Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):
	resulting in death) LAST
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO
20	1 YES 2 SINO OF DEATH?
PHYSICIAN: MEDIC	1 YES 2 NO
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VIOLENTE VIOL
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
¥S	1 VES 2 NO 1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Home Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, 1erm, street, 1actory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, 1erm, street, 1actory, offica City or flown, State)
	4 Nomicide detarmined
AP.	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
COMPLETED	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 197 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
2	30. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	JYBUNIL 4940 EATERN AVE BALTIMOR MI 21224
	APR 15 1997 APR 15 1997 APR 15 1997
- 1	(A)

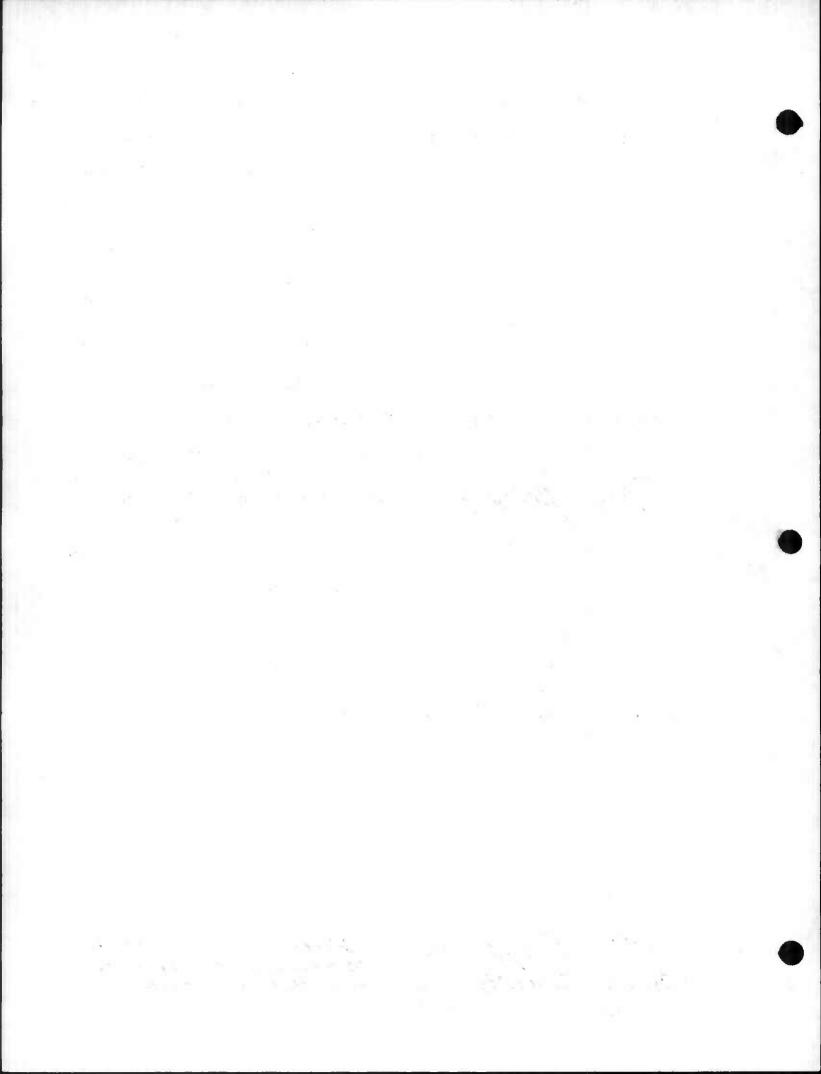


State of Maryland / Department of Health and Mental Hygiene

11310

	11	4			Cei	tificate of	Death		Reg. No.		
Physic	ian	Decedent's Neme (First, Middle, I							of Deeth	Xear	3. Time of Deeth
/Medi			m. Eason					Apr		997	7:26 A
Exami	ner	4e. Fecility Name (If not institution, g	munity I	lospit			L	wn, or Location of anham	Pri	ince	Georges
Funeral Director		135-14-0833	Sex 7. A	Aga (In yrs. lest 91	birthday) Yrs.	Months Deys		Min. Jun	e 30,1905	9. Birthp	place (Stete or Foreign (In)) Mass
and *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, To	own or Lo	cation				1	0d. Inside City Limits
Sa-f sho	Director	Va Noti	oway			Cre	we				Yas 2□ No
with the		10e. Street end Number	1/00			10f. Zip Code	2202		10g. Citizan of		itry?
s 23	era	Route 1 Box	12. Wes Deceden	t Frank II C	10.1	Man Danadani of I	2393		14.5	USA	1. 1
n 72 hours efter death with the Maryland "natural", or frems 23a or 28a-f show solical Examinet must be notified at	by Funeral	11. Marital Status 1 Never Marriad X Married 3 Widowed 4 Divorced	Armed Forcas 1 Yes 2 If Yes, Give Yaar or Dates	? No		Vas Decedant of i Yes, specify Cub □ Yes 2 X No		n, Puerto Rican, a	itc.) Bla	ce - Americ ck, White, y: B]	
72 hou natura		15. Decedent's	Educetion		6a. Deced	ent's Usuel Occu	pation		16b. Kind of B	usiness/în	dustry
withir sne. than	Completed	(Specify only highest g	reda completed) College (1-4or		(Give life. L	kind of work done DO NOT use retire House	during most d)	t of working		ones	
e filed al Hygie other	BeC	17. Fethar's Name (First, Middle, Las	st)				18. Motha	r's Name (First,	Middla, Maiden Sumen	ne)	
should be ind Mental I marked or	ToB	Hardy T. Mobl	ey				Lo	uisa B	ond		
C/ (0 T) (0		19e. Informant's Name/Relationship Helen O'Neal							Number, City or Town,		
of Her		20e. Method of Disposition		20b. Plece	of Dispos	sition (Name of netory or other pla		Dete	20c. Location		
		1 Buriel 2 □ Cramation 3 4 □ Donation 5 □ Other (Spec	□Ramoval from Stete ity)	A		Memor	,	ar 4/1	8/97 Ric	ce, T	Ja.
permit. Pa Departmer Important: any Injury		21. Signeture of Funeral Service Lice	ensea	1	22	Name and Addre	ess of Fecilit	Caple	Funeral	Serv	vice
88 = 88		1 tour	Back		5	502 Win	nner	Avenue	Balto, N	1d. 2	21215
Physician /Medical		23a. P. rt1. Enter the disease, or roll h. , or heart feilure. List only	mplications that cause y one cause on each	line.	4						Approximata Interval Between Onset and Deeth
Examiner	-	Immedlete Ceuse (Final diseese or condition resulting In deeth)	θ	Cereb	rov	uenca of):	rA	ccide	1+		3 days
Marin 1	-e			Due to (or as	e conseq	uenca of):	1				3 days
Di di	Examiner		l b.				- 11.	sease			lany you
an an hal-tr		Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying		Due to (or es	a consequ	uence or):					
nts be nysics he bu	cal	Ceuse (Disease or Injury that initieted events resulting in death) Lest	C	Due to (or es	a consequ	ience of):					
certificate be execut nding physician and use as the bunki-trar	n/Medical	resulting in dealth) Lest	d								
n death	sicia	Pert II. Other significant conditions	contributing to death	but not resulting	g In tha un	derlying cause giv	ven in Pert I.	. 23	b. Did tobacco use co	ntribute to	the cause of death?
es that the death gned by the site be detached for	by Physicia	Blindness, I	ementia	3.	ras	+ Can	cer		1 Yes 2 No	3 □ Prot	bably 4 Unknown
requir been s should	Completed b							246	. Wes en eutopsy performed?	ava	ere eutopsy findings allable prior to mpletion of cause deeth?
B - 10 76	mo								1□ Yes 2₽No		Yes 2□ No
	Be C	25. Wes cese referred to medical					26. Place	of Deeth (Check			
0 11 2	To	axaminar? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpat	lent 2 ER/	Outpatient	3□ DOA Oth	or:		Residence 6 DOth	er (Specify	()
Affect Af		27. Menner of Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Inj (Month, Do	ury ay Year) 28t	o. Time of Injury	28c. Injui Wo M 1		28d. Des	scribe how Injury occur		
호텔급드	Certification:	3 Suicida 6 Could not determined	286. Piece of in	njury - At home, htc. (Specify)	farm, stre	et, fectory, office			ation (Street end Numb or Town, State)	er or Rure	Route Number,
To the Hospita within 24 hours To the Funeral completely filled	edical C	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hyalcian: To the best minar: On the basis and menner s	of exemination a	ge, deeth and/or inv	occurred et the tirestigation, in my c	me, date end oplnion, deet	d plece, end due th occurred at the	to the cause(s) end me time, date end place,	onner es st and due to	eted. the cause(s)
Wethin 2 To the comple	Me	29b. Signature and title of certifier				29c. Ligens	se number		29d. Data signe	d (Month, I	Dey, Year)
1		Det 7	11	MI	j)	03	100	,			
		30. Name end address of person who	/		i) (Type, F	Print) 7500	Gree	nway (Coto Dr. 1. 20770,	# 430	2
		31. Date filed (Month, Day, Year)	Keinitz	14.	1	Gree	n 50/	t, Mo	1.20770,		
Sta Registr	_	APR 15 1997	. a Dands	n-fandal	2						

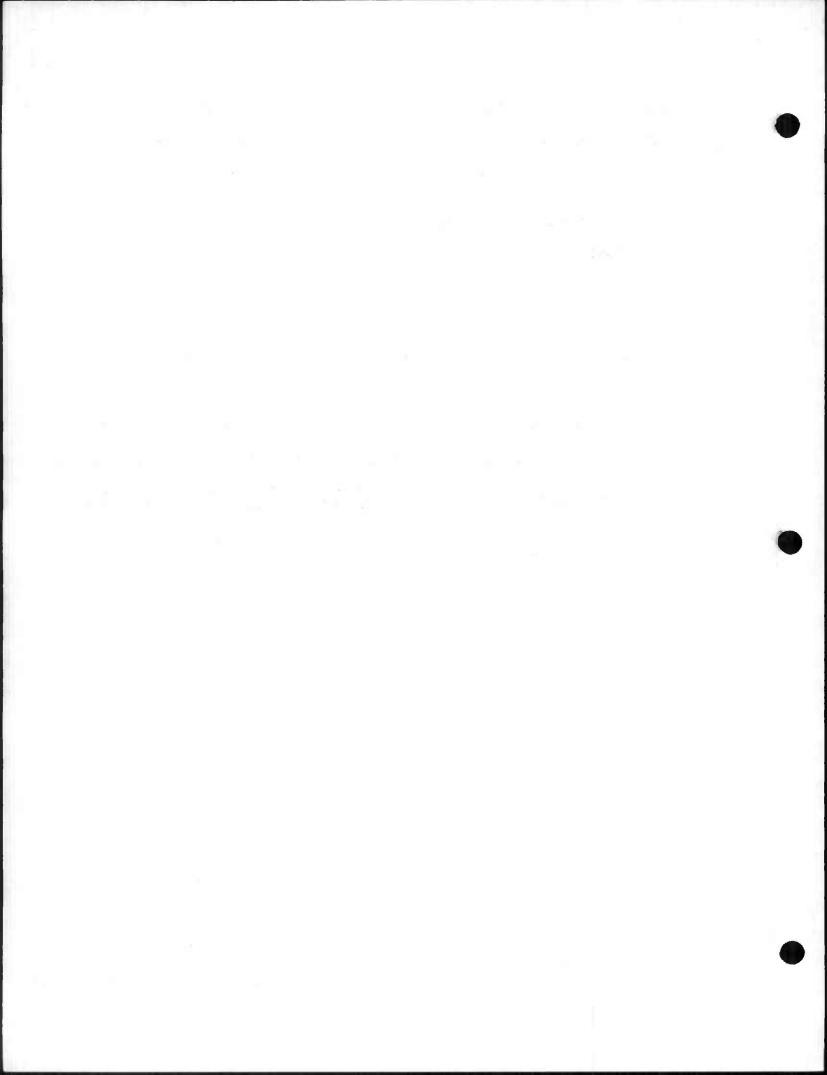
Registrar



rtment of Health and Mental	Hygiene	9	7	1	F	3	1	
tificate of Death	Peg No			1	I.	U		

				State of Mary		ertificate of			Reg. No.	9/	11311
П	Physic	ian	Decedant's Nama (First, Middla, L.					2. Data of De Month	ath Dey	Yeer	3. Tima of Death
	/Medi	cal	DEBORAH	FALON	1I			APRII	11,19		21:20 P
7	Exami	ner	4e. Fecility Nema (If not institution, g					or Location of Deet		y of Death	
-	Funeval		SHOCK TRAUMA 5. Social Sacurity Number 6.		n yrs. last birthday	/) If Undar 1 Yaer	BALTI If Under 24		N/A	0 Ridhola	on /State or Femilian
	Funeral Director			1□M 2♥F 26	Yrs.	Months Days		Ain. (Month. Da	y, Year) , 1970	Country	e (State or Foreign) land
	show		10a. Steta 10b. County	10	c. City, Town or I	ocation				10d	. Insida City Limits
	Men	ţō	Maryland Harfor	1	Forest	Hill					1 ☐ Yes 2 💢 No
	or 28	irec	10e. Street and Number			10f. Zip Coda			10g. Citizen of	What Country	7
	23a c	a C	2183 Historic Dr	ive		21050			U.S.A.		
Baltimore, Maryland 21215-0020	filed within 72 hours efter death with tha Meryland Hygiene. Idher than "natural", or items 23a or 28s-f show ont, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Dates:	r in U,S. 13	. Wes Dacedant of I If Yas, specify Cub 1 ☐ Yas 2 ☑ No		? (Specify Yas or No uarto Rican, atc.)	14. Rad Bla Specif	ce - American ck, White, ato y: Whit	
2-0	72 ho natur	Completed by	15. Dacedant's E (Specify only highast gi		16e. Dac	edant's Usual Occup a kind of work dona	pation during most of	working	16b. Kind of B	usinass/Indus	stry
121	vithin ne. han	ld m	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		a kind of work dona DO NOT use retire	od)				
d 2	e filed vall Hygie other t		9th grade 17. Fathar's Name (First, Middle, Las	*)	Dan	cer	19 Mothada	Nama (First, Middla,	Entert		t
an	is 1 end 2 should be filed with if Haalth end Mental Hygiene. Itam 27 is marked other than other traumatic event, tha M	o Be	David Dorsey	,				ıra Carter		na)	
ary	end Me is mari	L _O	19e. Informant's Name/Reletionship	(Type, Print)	19b. Mai	ling Address (Street		r Rural Routa Numbe		. Stata. Zio Ci	ode)
Ž	Haalth e am 27 is other tra		John V. Faloni (1	Husband)				Forest H			· .
ore,	of Haritan		20a. Mathod of Disposition	2	Ob. Place of Disc	position (Nama of amatory or other pla		Date	20c. Location		
Ĕ	Pages nent of h ant: If its ury or or		1 ☐ Burlal 2 ☐ Crametion 3 [4 ☐ Donation 5 🛣 Othar (Space	Ramoval from Stata fy) Entombment		d Mem. Ma	•	4/15/97	Aberd	een. M	aryland
alt	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funeral Service Lice	ngee	2	22. Nama and Addre	ass of Facility				
m	89 = 29		1/1/1/1/	11				Home of Boad, Bel			/.
l.			23e. Part1. Entar tha disaasa, or con shock, or haart failura. List only	plications that caused tha	daath. Do not ar	nter the moda of dyl	ng, such es car	diac or raspiratory a	rrast,	A	pproximata terval Between
60,	/Medical Examiner bhysician end the bruel-trensit	al Examiner	Immediata Causa (Final disaasa or condition rasulting in deeth) Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Cause (Disaasa or Injury	b	to (or as a conse	iquence of):	anti	coupl	zatz	5005	
Box 68760,	deeth certificete t e attending physic d for use as the t	Physician/Medical	that initiated avants rasulting In death) Last	d.	to (or as e conse	quance of):					
0	the att	sici	Part II. Other algnificant conditions	contributing to death but no	ot rasulting in the	underlying causa gi	van In Pert I.	23b. Did	lobacco use co	ntributa to th	e cause of death?
S, P.(that the	by Phy						10	Yes 2□ No	3 Probet	oly 4 QUnknown
ecord	aw requise been 2 should	Completed						24e. Was perfo	an autopsy rmed?	eveila	autopsy findings bla prior to lation of causa ath?
<u> </u>	E se	S						101	as 2 No	1 🗆 Y	as 2□ No
Vital	ician: The certificate rector, peg	Be	25. Was casa raferred to madical axaminar?	Hoopital:		0.00	- / -	Daeth (Chack only o	na)		
ō	this al di	To To	1 □XYas 2 □ No 27. Mannar of Deeth	Hospital: 1 Unpatient 28a. Data of Injury	2 ER/Outpatie	IN 3LI DOA		g Homa 5 Rasid			
	ding h. After fune	Certification:	1 □ Natural 5 □ Pending Invastigation	n (Month, Day Ya	28b. Tima (Injury)	A Wo	rk? Yes 21/2/No	Describe i	now Injury occur		CE
Ž	or Attendated deat Director:	ŧ	3 ☐ Sulcida 6 ☐ Could not be datamined	28a. Place of Injury - building, atc. (S	At homa, farm, s	traet, factory, office		28f. Location (S City or Tox	Street and Numi	ber or Rural R	outa Number,
0	and and and and and and and and and and				Lo	20		KE 1	Engens	1	ord
		edical	29a. Cartiflar (Check only one) 1 Cartifying Pr 2 Medical Exam	nyalcian: To the best of my ninar: On the bests of axa	y knowledga, daa mination end/or in	th occurred at the the transition of the transit	me, date and pl opinion, death o	ace, and dua to tha ccurred at the time,	cause(s) and madata and place,	annar as state and dua to th	ed. a causa(s)
A	roth Hi	Mec	29b. Signature end titla of carlifler	end mannar stated.		29c. Licans	sa number		29d. Data signe	ed (Month. Da	y, Year)
	7 8		• 1			OCI			APRIL		
			30. Nama and address of person who	complated cause of deeth			treet.	Baltimo	ore, Ma	arvlan	nd 21201

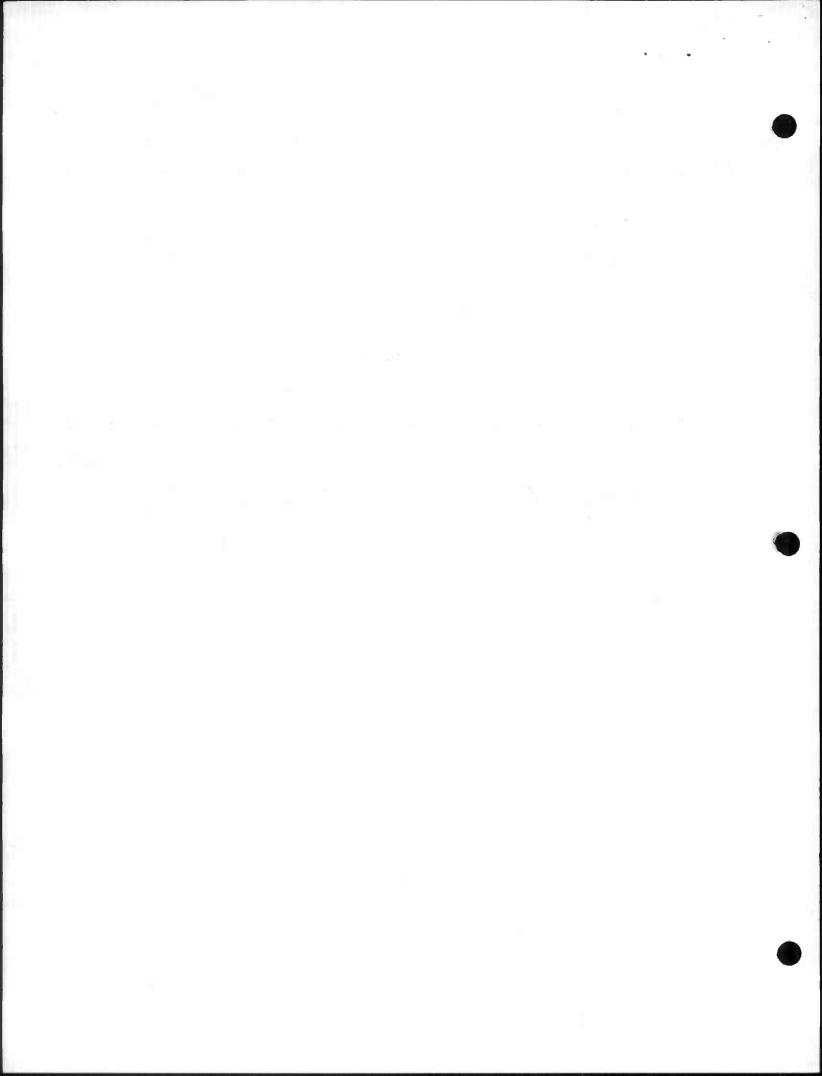
State Registrar 31. Data filad (Month, Day, Yaar)



State of Maryland / Department of Health and Mental Hygiene

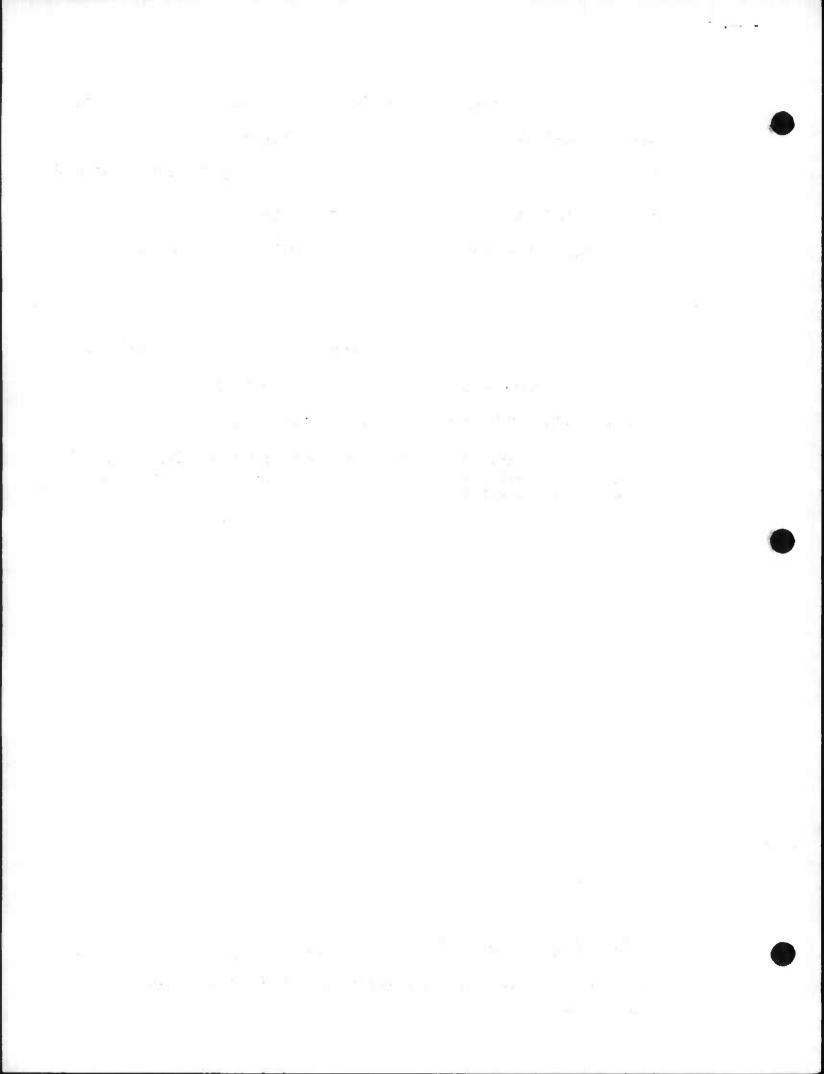
11312

_					Ce	ertificate of	f Death		Reg. No.		
	Dhunia	ian	1. Decedent's Name (First, Middle, L	est)				2. Date of D	Death Day	Year	3. Time of Death
	Physic /Medi		WILLIAM	PALMER		FALE	S SR	APRI		1997	6:20P.N
	Exami		4a. Facility Name (If not institution, g				4b. City, Town, or	Location of Dea	th 4c. County		0:20P.
1			110 FULLER AVE				PARKVI	T.T.E	BALT	TMOD) E
	Funeral	П	5. Social Security Number 6.		In yrs. last birthdey	Months Days	r If Under 24 Hr	S. S Date of B	lieth	O Diethe	Jana /Cinta au Faus in
ŀ.	Director		212-07-3570	1 🕅 M 2 🗆 F	81 Yrs.	MOTHIS Day:	S Hours Mil	April	28, 1915	Mar	yland
	Pu .		Usual Residence of Decedent							,	
	anyle	-	10a. State 10b. County	1	0c. City, Town or L	ocation				1	Od. Inside City Limits
	Ba-f	cto	Maryland Baltimo	re	Fullerto	on					1 ☐ Yes 2 No
	ih th	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
	23e		110 Fuller Avenu	ie		2120	6		United	State	es
	e de	Funeral	11. Maritel Status	12. Was Decedent Eve Armed Forces?	er In U,S. 13	. Was Decedent of If Yes, specify Cu	Hispenic Origin? (ban, Mexican, Pue	Specify Yes or N	14. Rac	e - Americ	can Indien,
20	filed within 72 hours efter death with the Marylend Hygiene. ther than "natural", or items 23e or 28e-f show int, the Medical Examiner must be notified at		1 ☐ Never Merried 2 ☐ Married	1 ☑ Yes 2 ☐ No If Yes, Give		1□ Yes 2♥ No		, , , , , , , , , , , , , , , , , , , ,	Specif		
8	ural.	d by	3X Widowed 4 □ Divorced	Year or Dates: W	MII				Specif	Whi	te
7	nat nat	Completed	15. Decedent's E (Specify only highest g	ducetion ade completed)	16a. Dec	edent's Usual Occu e kind of work done	upation e during most of wo ed)	orking	16b. Kind of B	usiness/ind	dustry
12	han h	a d	Elementary/Secondary (0-12)	College (1-4or 5+)			ed)				
7	her t	ပိ	17. Father's Name (First, Middle, Las	41	Produ	uction	T		Tires		
and	tal H	Be		0					e, <i>Malden Sum</i> an	ne)	
Ž	1 Mer marks	10	James Fales				Miner		Inknown		
Maryland 21215-0020	pernit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylen Depertment of Health and Mental Hygiene. Important: If item 27 is market other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at once.		19e. Informant's Name/Relationship		l l		et and Number or F				
ď.	Health m 27		William P. Fales,				th Point				
0	Peges nent of P nt: If its		20a. Method of Disposition 1 🖾 Burial 2 □ Cremetion 3 [20b. Plece of Disp cemetery, cre	osition (ivame of ematory or other pl	ace)	Date	20c. Location -	City or To	wn, State
altimore,	men men tant:		4 ☐ Donation 5 ☐ Other (Special		Moreland	Memorial	Park	4/16/97	Baltimo	ore, l	Maryland
ā	Depent Depent Import any in		21. Signature of Funeral Service Lice	nsee	2	2. Name and Add	ess of Fecility				
m	205 2 2		MIMILIA	- 11/WWW.	L. 6	eonard J. 305 Harfo	Ruck, In	C. Funer	nore, MD	212	1.4
	_		23a. Part1. Enter the disease, or con shock, or heart failure. List only	plicetions that caused the	e deeth. Do not er	nter the mode of dy	ring, such as cardie	oc or respiretory	errest,	212.	Approximete
	Physician		arrown, or recent natural. List offin	one cause on each line.						i	Interval Between Onset and Death
1	/Medical		Immediate Cause (Final disease or condition	CONTRACT	CUM CUC	om Morinir	, mo 1177	V.D.			
	Examiner		resulting in death)	e CONTACT	e to (or es e conse		TO HEA	AD		1	
_	2 2	ner		50	0 10 (01 00 0 001100	Addition of J.					
	cutec	Examiner	Sequentially list conditions	b	e to (or as e conse	Quence of):					
ó	an er riel-t		Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
68760,	certificete be executed ding physician end ise es the buriel-transit	edicai	Cause (Disease or Injury that Initieted events resulting in death) Last	c	e to (or es e conse	guence of):					
	certifice ding ph	Jed	resulting in death) Last			,				į	
ŏ		M/us		d						<u> </u>	
n n	death se etter ad for u	Physicia	Part II. Other significent conditions	contributing to death but n	not resulting in the	underlying ceuse a	iven in Part I	23b. Did	tobacco usa co	ntribute to	the cause of death
J.	es that the deligned by the e	,h		•		,,					bably 4 Unknow
	and so the	by F							20.10	0	, and the second
ecords,	v requires been sign should be								s an eutopsy	24b. We	ere eutopsy findings
ပ္ပ	_ 0	jet							ormed? ECTION	COL	aileble prior to mpletion of ceuse death?
Ž	0 - 0	Completed									
VITal	ician: The certificate rector, pag		25. Was case referred to medical						Yes 2XXVo	1	Yes 2□ No
5		o Be	examiner?	Hospital:			her:	ath (Check only			
0) <u> </u>	1X X es 2 No 27. Manner of Deeth	1 ☐ Inpatient	2 ER/Outpatie	nt 3LI DOA	4 □ Nursing	-	how injury occur		1)
SION	ading in After e tune	tior	1 ☐ Naturel 5 ☐ Pending	(Month, Day Yo	ear) Injury	Wo	ork?]Yes 2.∐xNo				
2	dead dead ctor:	lica	3CSuicide 6 □ Could not b	e One Diese of Initial					INFLICT		/ Pouto Alumbos
<u>}</u>	3462	Certification:	4 Homicide determined	building, etc. (S	Specify) AT H			City or To	wn, State)		r noute (variger,
	A SEA		29a. Certifier 1□ Certifying Pi	welclen: To the heet of m			datad -la.	·	LLER AV		
	胸 亞到	edicai		nysician: To the best of m niner: On the basis of ex and manner stated	amination and/or in	n occurred at the to estigation, in my	ime, date and place opinion, death occ	e, and due to the urred at the time	cause(s) and ma , date and place,	inner as st end due to	ated. the cause(s)
	1111	Mec	29b. Signature and title of certifier	A Parisher States	*	29c Licen	se number		29d. Date signe	d (Month	Day Year)
-	8	122	b and the or continue	4111		Log. Light			Lou. Date signe	a (mornin, 1	ruj, rodij
)	X			1/42			.M.E.		APRIL 1	.3,19	997
	5		30. Name and address of person who								
	J		DAVID R. FOWLER		111 P	enn Str	eet, Ba	ltimor	e, Mary	land	1 21201
	Sta		31. Date filed (Month, Day, Year)	82. Registrar's	Signature Handall	2					
	Registr	ar	APR 15 1997	A Comment							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Certificate of Deat	th	Reg. No.			
	Dharais		Decedent's Name (First, Middle, Last)	2. Dete of D Month		Voor	3. Time o	of Death
ı	Physic /Medi		Marguerite Marie Fleming	April	12, 199	7 ^{Year}	2:45	a.m.
	Examir		4e. Fecility Neme (If not institution, give street and number) 4b. City,	, Town, or Location of Dee				
			Gilchrist Hospice Center	Towson		ltimo	re	
0,	Funeral Director		5. Social Security Number 6. Sex 1 Months 1 Mont	nder 24 Hrs. ura Min. Min. 8. Date of B (Month, D Aug. 1	2, 1915	Coun	elace (Stete etry) rylan(
	and w		10a. State 10b. County 10c. City, Town or Location			1	Od. Înside C	City Limita
	8a-f sh	Director	Md. Baltimore Parkvi	ille				2 ∑ No
	ath with the 23a or 2			1234	10g. Citizen of United	d Sta	tes	
020	in 72 hours after death with the Maryland "natural", or items 23s or 28s-f show ledical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes, Sive Year or Dates: 13. Was Decedent of Hispenic If Yes, specify Cuban, Mexing the Specific Cuban, Mexing the Speci		Specif	ca - Americ ck, White, y:		
5-0	72 ho	eted	15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during m	most of working	16b. Kind of B	usiness/Inc	dustry	
21215-0020	within lene. than "	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 (Give kind of work done during market into Do NOT use ratined) Homemaker	nost of Working	01	wn Ho	me	
	H G H	BeC		lother's Name (First, Middle	e, Maiden Sumar	ne)		
lar		ToB	Harry D. Wright	Loretta	Yakel			
Maryland	d 2 should th end Men 7 is marke traumatic	ľ	19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Nur	mber or Rural Route Num	ber, City or Town	, State, Zip	Code)	
	CENL		Jeanne C. McQueeney (Daughter) 2209 Wilker Ave		ore, Md.		-	
altimore,	S - = 0		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Entombment 20b. Place of Disposition (Neme of cemelery, crematory or other place) Dulaney Valley Memory	orial 4/15/97	20c. Location			nd
Balti	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licansee Milton J Knight Jr 22. Name and Address of Fa 5305 Harford	acility Leonard J	_	Inc.		
	-		23a. Part1. Enter the disease, or complication of all caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cruss on each tide.			3	Aporoxima	ite
	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death) a. Rapidate Tay 4 august 1 a	ilure		1	Interval Be Onset and	Death
	rificate be executed ng physician and as the burial-trensit	Examiner	Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or Injury)	TR				
68760,	ate be e hysician	Medical E	causa. Entar Underfyling Cause (Disease or Injury that Initiated events resulting in dealth) Last Due to (gr as a consequence of):	r M				
Box 6	E 0 8		& Rypho ycoliese	'				
	he atten	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa	art I. 23b. Dic	i tobacco use co	ntribute to	the cause	of death?
, P.O.	that the		1+VP	10	Yes 2□ No	3 Prol	bably 4	Unknown
Vital Records,	law requires that the death ce as been signed by the attendir s 2 should be detached for use	Completed by	hypertraphic Cardiony of		a an autopsy formed?	ev:	ara autopay allable prior mpletion of death?	to
Ä	0 - 5	mo	1.	10	Yes 2 No	10	Yes 2] No
Ita	clan: The l sertificate he rector, page	Bec	25. Was case referred to medical examiner?	Place of Death (Check only	one)		0	
vision of v	ath. rr. Aller pre Ce	P_C	1 Yes 2 No		nidenca 6 DOth how injury occur	ner (Specif	nties	RICI
Š	as or Am a Direct ed in by	Certification:	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)	28f. Location City or To	(Street and Numi own, Stata)	per or Rura	il Route Nur	n <i>ber</i> ,
	To the Hospital or within 24 hours after To the Funeral Discompletely Illied in	edicai	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledga, daath occurred at the time, data the time of the basis of examination and/or investigation, in my opinion, of and manner stated.	a and place, and dua to the death occurred at the time	a cause(s) and m , date and place,	anner as st and due to	tated. the cause(s)
	To the To the comp	M	29b, Signature and file of cartifier 29c. License number 10 23 2	xer 2 7/5	29d. Dete signe	d (Month,	Day, Year)	
	5		30. Name and address of person who complated cause of death (Item 23a) (Type, Print)) / / /	7/	/ / /	11	
				Baltimore, Ma	aryland			
	Sta Registr	_	31. Date filed (Month, Day, Year) APR 15 1997					



State of Maryland / Department of Health and Mental Hygiene

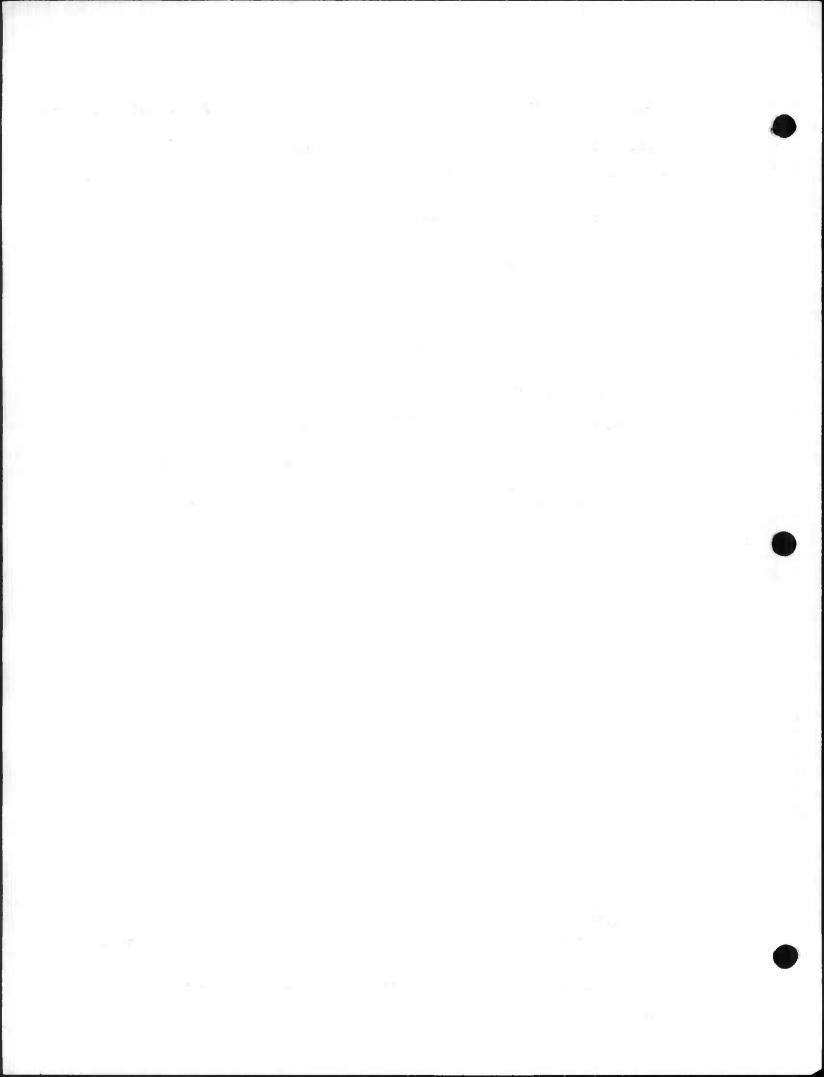
Physic /Medi Exami		Decedent's Neme (First, Middle, ANNA	.ast)						2. Dete of Dee	leg. No.		O Time	
/Medi		ANNA									Vans	3. time	e of Deeth
		*******	L.	I	LETC	HER			APRIL	10, 1	997	3:2	0 AM
		4a. Facility Name (If not institution, g	ive street end numb				4b.	City, Town, or Lo	cation of Deeth	4c. County			
		SAINT JOSEI	PH MEDIC	AL CEN	ITER		TO	WSON, M.	ARYLAN	D BA	LTIN	ORE	
Funeral Director		5. Social Security Number 213-52-6726 Usuel Residence of Decedent	Sex 7. 1 □ M 25 F	Age (In yrs. le.	st birthday) Yrs.	If Under 1 Months [Year i	f Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day 10/30/		9. Birthp	lece (Sta	te or Foreig
/and		10e. State 10b. County		10c. City,	Town or Loc	cation					1	0d. Inside	e City Limit
the Man 28a-f sh outfled	Director	Maryland Baltimo	re	Ba	ltimare	1							fes 2□N
23a or	rai Dir	1032 Woodson Road, A	pt H Walker	Manor		10f. Zip C	212			Og. Citizen of U.S.		ntry?	
within 72 hours after death with the Maryland ene. than "natural", or items 23e or 28a-f show the Mexical Expression must be notified at	d by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 21 If Yes, Give Year or Date	s? I No		Ves Deceder Yes, specify ☐ Yes 21		enic Origin? (Sp. Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ce - Americ ck, White,		
d within 72 ho llene. r than "natui	Completed	15. Decedent's (Specify only highest of				ent's Usual (on ing most of work	ina	16b. Kind of B	usiness/in	dustry	
within ene. than	idu	Elementary/Secondery (0-12)	College (1-4d	or 5+)	life. D	O NOT use	retired)	ing in our or more	.,,9				
DAL		8	0		HON	MEMAKE	-			OWN HO			
d dath	Be	17. Father's Neme (First, Middle, La					18	3. Mother's Neme			ne)		
should be and Mental I marked of umatic even	2	WALTER H. WH		•				Helen	V1SON 1	Vinson			
		19e. Informent's Name/Relationship Linda A. Whea						Number or Rure 3 D - St			Stete, Zip 1401	Code)	
permit. Pages 1 and 2 Department of Health Important: If Item 27 is any Injury or other tra		20e. Method of Disposition 1 Burial 2 Ocremetion 3 4 Donetion 5 Other (Spec		te cen	netery, crem	ition (Neme etory or othe Cremat	er plece)	Service		61 So. Dover,			reet
Departi Departi Importi any Inj		21. Signature of Funeral Socioe) Lic	aulat	4	ŀ		ty F	uneral H	lome-202 19933				
Physician /Medical Examiner		23e. Pert1. Enter the discusse, or conshock, or heert feilure. List on immediate Cause (Finel disease or condition resulting in deeth)	y one ceuse on eecl	EBROV					or respiretory err	est,	1	Approxim Intervel I Onset er	mate Between nd Deeth
	Iner	Tooling in doorly		Due to (or e	es e consequ	uence of):					1		
aath certificete be executed ettending physician end for use as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest	С.	Due to (or e	s e consequ								
th certifications are as	2		d										
death he etter ed for u	Sici	Pert II. Other significent conditions	contributing to death	but not resulti	ing in the un	derlylng cau:	se given	in Pert I.	23b. Did to	becco use co	ntribute to	the caus	se of death
that the ned by the detache	by Physician/	ATRIAL FIBR							1 □ Y	es 2□ No	3 Pro	bably 4	Unknow
e law requires that the death or has been signed by the ettend ye 2 should be detached for us	Completed b								24e. Wes e perfor		ev	ere eutops eileble pri mpletion o deeth?	sy findings ior to of cause
0 - 5	NO.								1 □ Y	es 2X No	10	Yes 2	No CX
lcian: The	Be (25. Wes case referred to medical exeminer?					2	6. Plece of Deet	(Check only on	10)			
Physician: this certific ral director,	2	1 ☐ Yes 2 No	Hospitel: 1X Inpa	atient 2 Ef	VOutpatient	3□ DOA	Other:	4 ☐ Nursing Ho	me 5 Reside	ence 6 Oth	er (Specif	y)	
or Attending Physician: efter death. Director: After this certific I in by the funeral director,		27. Manner of Deeth 1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigati	28a. Date of I (Month, I		8b. Time of Injury		. Injury et Work? 1 ☐ Yes	s 2 No	28d. Describe ho	ow Injury occur	red		
In or Atta	Certification:	3 Suicide 6 Could not determine	d 286. Piece of	Injury - At hom etc. (Specify)	e, farm, stre	et, fectory, o	ffice		28f. Location (Si City or Town		per or Rura	I Route N	ium <i>ber</i> ,
ro the nospital or Att	edical	29a. Certifier (Check only one) Certifying F	hyelclen: To the beaminer: On the basis end menner	of examinetion	edge, deeth n end/or inve	occurred et t estigation, In	the time, my opini	date end place, ion, deeth occurr	end due to the co	euse(s) end me ete end plece,	enner es s end due to	teted. the ceus	ie(s)
Martin Martin	Me	29b. Signeture and title of certifier	1			29c. L	icense n	umber	2	9d. Dete signe	d (Month,	Dey, Year	r)
1)/	Smul	Ann	~		D 3	37254		4	-10	9:	7
- d		30. Neme and address of person who								T	204		1
10		BOON P. LIM,	M D	7/2/2			decree of						

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State of Maryland / Department of Health and Mental Hygiene

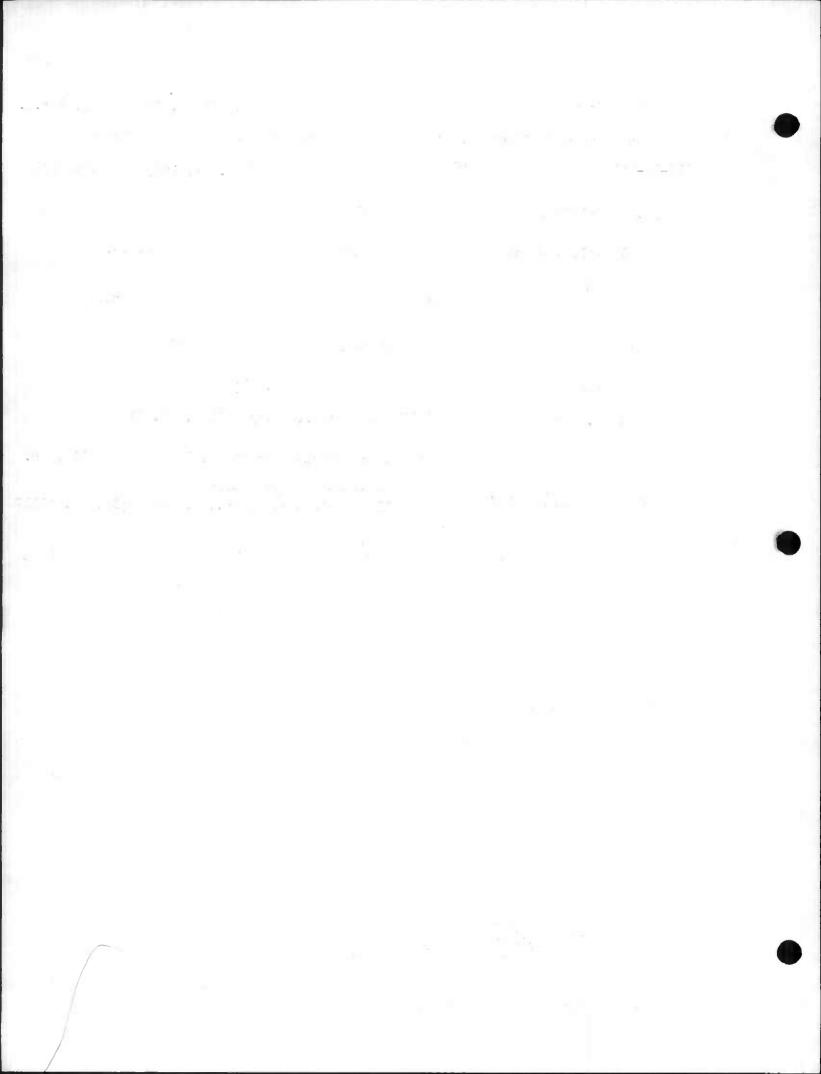
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							$C\epsilon$	ertific	ate of	Death		Re	eg. No.		1919			
		, 1	Decedant's Nama (First, Middla, Last)										h		3. Tima of Death			
	Physici /Medi		Marcella Mary				Fink				Month April		,		:00 pm			
	Exami		4a. Facility Nama	'If not institution, gi	va street and number)					4b. City, Town, o	r Local	tion of Death	4c. County	of Death				
	Funeral Director		5. Social Security I				yrs. last birthday) If Under 1 Year If Under 24 Hours If U					Data of Birth (Month, Day,		a (Stata or Foreign				
Н			220-14-7 Usual Rasidance	of Decedant		92_						an. 23	,1905 1	Maryla	nd			
	how		10a. Stata	10b. County		10c. City,	Town or L	ocation.						10d.	insida City Limits			
	e Ma	cto	MD Baltimore Towson										1 🗆 Yas					
	라 다 S	Director	10e. Street and Nu	mber		10f. Zip Code						16	0g. Citizan of \	What Country	?			
	23e		2300 Dul	aney Vall	ey Road	Road 21204							U.S.A.					
Baltimore, Maryland 21215-0020	Juithin 72 hours after death with the Maryland jiene. Then "naturaf", or items 23a or 28a-f show the Madical Examiner must be noticed at	by Funeral			12. Was Dacedent Armed Forces? 1 ☐ Yas 2 ☐ If Yas, Giva Yaar or Datas:		S. 13. Was Decedent of Hispanic Origif Yas, specify Cuban, Maxican, 1 Yas 2 No Specify:			an, Maxican, Pua	Ican, Puarto Rican, atc.)			ace-Amarican Indian, lack, Whita, atc.				
2-0	72 ho	De la	(000	15. Decedant's E	ducetion	16a. Decedent's Usual Occupation						16b. Kind of B	usinass/Indus	itry				
21	thin 7	Completed	Elamentary/Şeo	cify only highast gr ondary (0-12)	Coilega (1-4or :	5+)	lifa.	DO NO	work dona T usa retire	during most of w d)	orking							
2	T1 Co. b. ***	5	12		2		Buyer						epartme	ent St	ore			
pu		Be	17. Fathar's Nama	(First, Middla, Lasi	1)					18. Mothar's N	ama (F	First, Middla, A	Aaidan Suman	na)				
χ	2 should be and Mental is marked or raumatic ever	မှ	Andrew		leisel							ler						
Mai	and rand			ame/Raiationship		19b. Malling Addrass (Street and Number of 229 Lyndale Avenue E						r or Rural Routa Number, City or Town, Stata, Zip Code)						
e, 1	l and lealth im 27 ther t		Audrey So		•	20h Die	229 ce of Disp			venue Ba	1			01				
Jor	H H H		1XXBurial 2	☐ Cramation 3 ☐	Ramoval from Stata	ceri	natary, cra	amatory	or othar pla	ce)	Data 20c. Location - City or Town, Stata							
tim	t. Partmer			5 Other (Speci	// .	More					/16	6/97 B	Baltimo:	re, MD				
Ba	permit. Pages 1 and 2 Department of Health s Important: if item 27 is any injury or other tra once.		· Va	m I D	Oux 1			7110	Dolo	in Dood	D.	Itimor	eral Ho		c.			
			23a. Page. Enter I	23a. Part. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between														
	Physician /Medical Examiner		Immediata Causa disaasa or condition	(Final	Conges									O	nset and Death			
Ų.	LAGIIIIIGI	10	rasulting in death) Due to (or as a consequence of):															
	ed isit	ulue			b. Renal	Failu	ire							1				
90,	icate be executed physician and s the burial-transit	I Examiner																
k 68760,	£ 5 a	Medical	that initiated avants resulting in death) Last Dua to (or as a consequenca of):															
Box	2 2 3	lan/			d													
<u>.</u>	e de	Physician/	Part ii. Other eigni	ut not rasult	not rasulting in the underlying ceuse given in Part I.					23b. Dld to	ld tobacco use contribute to the cause of death							
s, P.O.	v requires that the death been signed by the atte should be detached for	by Phy										1 □ Ye	2 □ No	3 Probeb	aly ACCURRINGWA			
sion of Vital Records,	is law requires that the death has been signed by the atter ie 2 should be detached for i	Completed										24a. Was ar perform		availa	autopsy findings bla prior to lation of causa ath?			
a	ysician: The lav s cartificata has director, page 2		111									1 🗆 Ya	s 2D No	1 U Y	as 2 No			
<u> </u>	ilcian: Th cartificata rector, pa	Be	25. Was cesa rafar axaminar?		Hospital:				Ott	26. Placa of D								
o	를 급 급	: To	1 ☐ Yas 2 ☐ 27. Mannar of Deal		1 ☐ Inpatia 28a. Data of inju	int 2 El	R/Outpatie		DOA Prin	ner: 4 Nursing								
O	ding After fune	tlon	1 Natural	5 Pending	(Month, Da	y Year)	Injury			injury at Work? 28d. Dascribe how injury occurred								
PIMA	on And de la by the	Certification:	2 Accident 3 Sulcida 4 Homicide Invastigation 6 Could not be datarmined 28a. Place of Injury - At homa, farm, straet, factory, office building, etc. (Specify)								28f	Location (Sti City or Town	reat and Numb , Stata)	per or Rural R	outa Number,			
1	Fund Fund	edical	29a. Certifiar (Check only one)	Certifying Ph 2 Medical Exer	nysician: To the best of miner: On the basis of and mannar sta	axaminatio	edge, daai n and/or ir	th occurr	ed at tha ti	ma, data and place opinion, daath occ	e, and	dua to tha ca at tha tima, de	use(s) and ma ata and place,	annar as state and due to the	d. e cause(s)			
	To within To the comp	Me	29b. Signature and	Whe of pertiline	2/2 1	2.27			29c. Licens	1550 A	i,	29	9d. Data signe	d (Month, Day				
		İ			complated causa of d	aath (Item 2	3a) (Type	, Print)						· · · · · · · · · · · · · · · · · · ·				
			Eddi					lane	y Val	ley Rd.,		Tows	on, Md	. 2120	4			
	Sta	te	31. Data filed (Mon	th, Day, Year)	32. Registra	ar's Signatur	a	3										



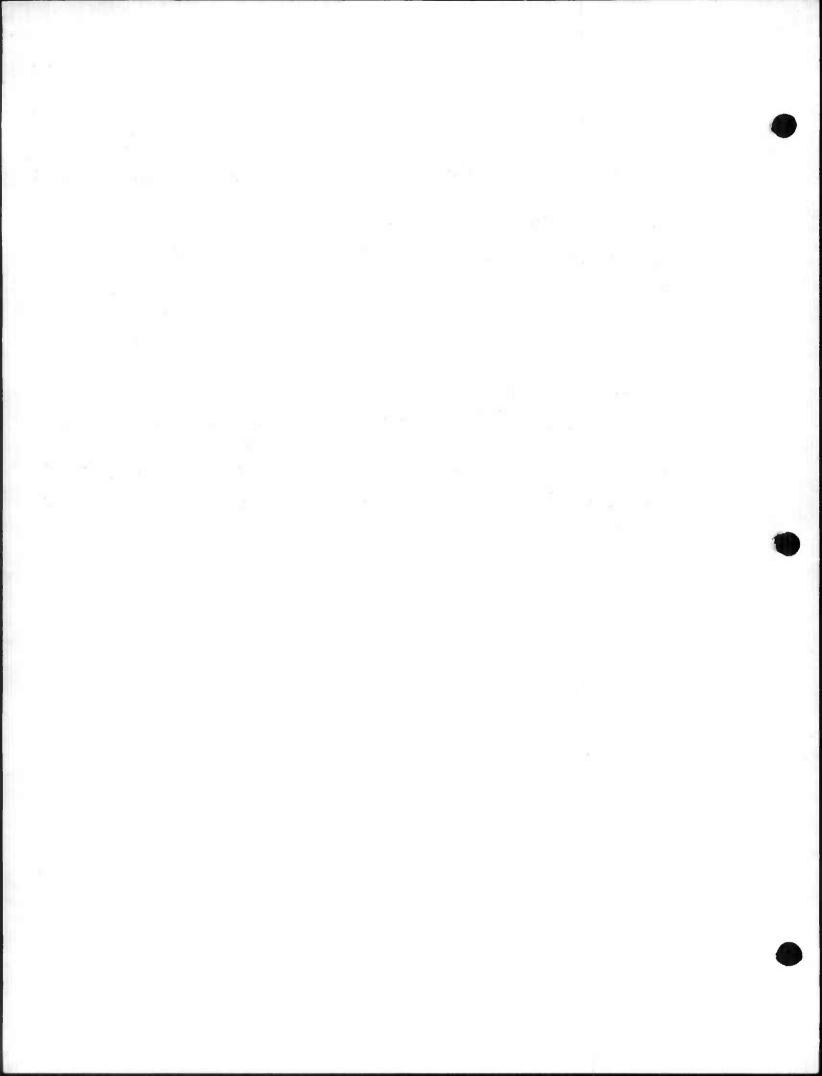
State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of L	Death			Reg. No.			
	Physic /Medi		1. Decedent's Name (First, Mi John B.					2. Data of Death Month Dey April 12, 1997			3. Time of Death 1:44 a.m.				
	Exami		4a. Facility Nama (If not institu Cherrywo	tion, give street and no od Healthc		itre	4b. City, Town, or Lo								
	Funerai Director		5. Social Security Number 215–18–1518	6. Sex 1 M 2 ☐ F	7. Age (In yr: 78	s. last birthday) Yrs.		Yaar Days	if Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da Feb. 25	th Year)	9. Birth	place (Stete or Foreign intry) Virginia	
Baltimore, Maryland 21215-0020	Maryland a-f show	ctor	Usuel Residence of Decadent 10e. State 10b. Cour Md. Bal	timore	10c. C	Owing	ocation s Mills	3						10d. Inside City Limits 1 ☐ Yas 2 No	
	th with th	ai Director	10e. Street and Number 3017 Wal	nut Avenue			10f. Zip Co 21J						of Whet Cou		
	be filed within 72 hours efter death with the Maryland ntal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exerciting trust be inclined.	by Funeral	11. Maritel Status 1 ☐ Never Married 2 🛣 M 3 ☐ Widowed 4 ☐ Divorce	Armed F larried 1 2 Yas	2□No ive WW	No			s Decedent of Hispanic Origin? (Specify Yes es, specify Cuban, Mexican, Puerto Rican, etc.) Yes 2 No Specify:				Race - Ameri Black, White ecity: Whi	, etc.	
	filed within 72 ho Hygiene. other than "naturent, the Medical	Completed		lant's Education hast grade completed, 2) College	(1-4or 5+)	16a. Decedent's U (Give kind of life. DO NOT Plum		one d	ation fu <i>ring</i> mos)	at of work	ing	16b. Kind o	f Business/Ir	ndustry	
	2 should be filed end Mental Hygi is marked other aumatic event,	To Be C	17. Father's Name (First, Middle Ed Fox	•		18. Mother's Name (Fin						rst, Middle, Melden Sumeme)			
	ges 1 and 2 should t of Health end Mer If Item 27 is marks or other traumatic		19a. Informant's Name/Relationship (Type, Print) Phyllis M. Fox Wife 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zipe 3017 Walnut Ave., Owings Mills, Md. 21117												
	permit. Pages 1 Department of He Important: If Nen eny injury or oth		20a. Method of Disposition 1		State	Place of Dispo camatary, crain aters C	natory or othe	r plec		у Арз	Date		on - City or T Luther	own, State	
Balt	pemit. Page Department of Important: If eny injury or		21. Signature of Furnial Servi	00 8	1		Eckhar	dt	Fune	ral (Owings	Mills	. Md. 2111	
	Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death)												Approximate interval Between Onsat and Death	
Box 68760,	eath certificate be executed attending physician and for use as the burial-transit	Course (Disease or Injury that initiated events rasulting in deeth) Lest Due to (or es a consequenca of):													
, P.O.	that the dended by the a	by Physician	Part ii. Other significent cond	itions contributing to d	1		2					tobacco use	use contributa to the cause of death?		
of Vital Records,	The law requires that the death ate hes been signed by the atter page 2 should be detached for t	A/Zheines Denontia 24a. Was en eulo performad? 1 yes 2									en eutopsy rmad?	a	Vere eutopsy findings vailable prior to completion of cause f daath?		
ital R		Be Con	25. Was case raferred to medi	cal		_=			26. Place	of Deat	1 Check only o	Yes 2 H	5 1	☐ Yes 2☐ No	
	ding Phys h. After this funeral di	은	axaminer? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pen 2 Accident	28a. Date		28b. Time o		Othe	4 LETNU		me 5 Resident			(y)	
Division		Certification:	3 ☐ Suicida 6 ☐ Cou	mined 200. Place	a of Injury - At I ling, etc. (Spec	home, farm, str lify)	eet, factory, of	fice			28f. Location (City or To		imber or Rur	ral Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifiar 1 → Cartify (Check only one)	ying Physician: To the al Exeminar: On the b and man	bast of my kn easls of axamin nar stated.	owledga, daatl ation and/or in	occurred at the vestigation, in	he tim my op	e, date en inion, daa	d place, th occurr	end dua to tha ed at tha tima.	causa(s) end data and pla	manner as s ca, end due t	stated. the cause(s)	
		Σ	29b. Signatura and title of certi	fier	-) 4 0	29c. Li		number			29d. Data si	ned (Month,	Day, Year)	
P	P		30. Nama and address of parso	1	se of death (Ite	om 23a) (Type,	Print)	2	903	1	10 N-	10.	k	11c MD	
	Sta Registr		31. Dete filed APR 15 1	997 34	TO DELIVER.	Tanda	2	J -1		1-6	6 .10		K = 7V ·		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Calvin Green 09 1997 /Medical Apri 1:21A 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 500 BIOCK Street Baltimane If Under 24 Hrs. Hours Min. Coventry If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Buttlelace (State or Foreign **Funeral** 218-86-6488 1₽M 2□ F Days Months. Yrs. Director Usual Residence of Decedent tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylan ment of Health and Mental Hygiene. and the file may 18 merked other than "natural; or items 23s or 28s-1 show ury or other traumatic event, the Noblest Evantine must be notified. 1 HYES 2 No Directo 10e. Sweet and Number 10f. Zip Code 10g. Citizen of What Country? 511 Funeral Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Bleck, White etc. 1 ☑ Never Married 2 Married ☐ Yes 2 ☑ No Yes, Give Baltimore, Maryland 21215-0020 1□ Yes 2₽No þ f Yes, Give Year or Dates: 3 ☐ Widowed 4 ☐ Divorced rICHN Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Symame) Be ALVIN OREEN Acqueline TIC 19a. Informant's Name/Relationship (Type, Print) (moTher 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs Jacqueline
20a. Method of Disposition 345 E. 27 TS 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State permit. Pagas Depertment of Important: If it any Injury or o 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee oseph Kuss 9222W Nor int. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such Approximate Interval Between Onset end Death Physiclan /Medical Immediate Cause (Final disease or condition resulting in death) a Multiple Gunshot Examiner Due to (or as a consequence of): Examiner buriel-transit iding Physician: The law requires that the daeth cartificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying a Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): for use as signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. vision of Vital Records, P.O. 23b. Did tobacco usa contributs to the causa of death? 1 ☐ Yss 2 ☑ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Were autopsy findings evallable prior to completion of cause of death? Completed 24a. Was an autopsy page 2 cartificete 12 Yes 2 □ No 1 Yes 2 No director. 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 8 MOther (Specify) Scene Medical Certification: To 1 Yes 2 No this unaral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After 5 ☐ Pending investigation 1 Natural 1 ☐ Yes 2 No Subject was Shot
281. Location (Street and Number or Rural Route Number,
City or Town, State) 500 block Covening 4-9-97 2 Accident 1:21 6 Could not be determined 3 ☐ Suicide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide Street Baltimore City, Maryland 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 22 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) 2, MD O.C.M.E. April 09, 1997 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) Stephen S. Radentz, MD, III Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 22, Registrar's Signature State APR 15 1997

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

11318

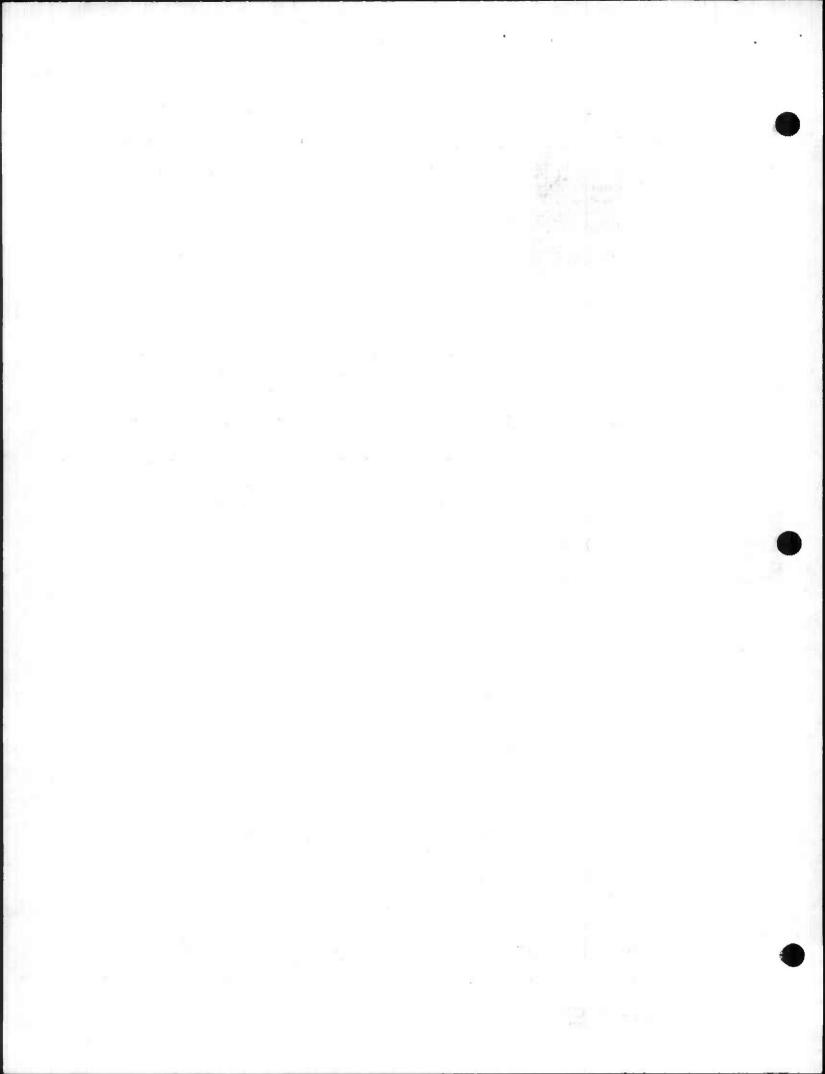
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ital Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by	3 Widowed		H Vec Gi	ve X		□Yes 2DN	o Specify:		Speci	b: W	white			
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nd Mental Hygi marked other imatic event,	2	(Unobt	ainabl	e)	Graham			Eve	elyn Stein						
2 2 2		19e. Informent's N									, State, Zip (Code)			
127 er tr		Eleanor	Marsh	- sister-	in-law	3401	Esther	Place,	Baltimore	, Md. 2	21224				
Department of Health Important: If item 27 I any injury or other tr. once.		20e. Method of Dis		0 DD-m	_	Plece of Dispo-	sition (Neme of netory or other p	lece)	4/15/	20c. Location	- City or Tow	m, Stete			
		13/97										Md.			
		21. Signeture of Fu	unerel Service			The state of the s									
		23e. Plant. Enter t	he disease, or	complications that c	aused the deet	h. Do not ente	or the mode of d	ungton vina, such es c	BIVO., EII	rrest.					
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ctor.	fica	3 Suicide	6 Could r	not be	of Injury - At ho	ome ferm stre	et, factory, office			(Street end Num	ber or Rurel	Route Number.			
within 24 hours after death. To the Funeral Director: Af completely filled in by the fu	Certification:	4 Homicide	deteitti		ng, etc. (Specif)		, , , , , , , , , , , , , , , , , , , ,			wn, Stete)					
fille	alc	29a, Certifier	1 € CertifyIn	g Physicien: To the	best of my know	wledge, deeth	occurred et the	time, date end	plece, end due to the	ceuse(s) end m	enner as ste	ted.			
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lo th	ž	29b. Signeture end	title of certifier				29c. Lice	nse number		29d. Date signe	ed (Month, D	ey, Yeer)			
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				who completed caus			Print) Siver	insech	w. R.	in a f	TNS				
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Yeer HELEN GILLESPIE APRIL 1997 7:30 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY 5. Social Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1□M 280 F Months Deys Hours Yrs. Director 219-46-5653 63 DEC. 12, 1933 VIRGINIA Usuel Residence of Decedent with the Maryland works 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits an "natural", or items 23s or 28s-f show MD. MONTGOMERY Funeral Director DAMASCUS 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10401 BETHESDA CHURCH ROAD death 20872 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 272 No If Yes, Give' Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: g 3 Widowed 4 Divorced Specify: WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 2 HOUSEKEEPER DOMESTIC Baltimore, Maryland 17. Fether's Name (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Maiden Surname) .. Pages 1 and 2 should be fill the orly of Health and Mental Hant: If item 27 is marked offillury or other traumatic even ROBERT BAILEY 2 MARY HAZEL BLANKENSHIP 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) ANN GILLESPIE, DAUGHTER 10401 BETHESDA CHURCH ROAD, DAMASCUS, MD. 20872 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Locetion - City or Town, Stete 1 Burlel 2 □ Cremation 3 □ Removei from Stete Department important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) TRUE GOSPEL CEMETERY 4/11/97 | LISBON, MD. 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility MURIEL H. BARBER FUNERAL HOME Mure P.O. BOX 5038, LAYTONSVILLE, 10 MD. 20882 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Interval Betw Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical OBESITY - HYPOVENTILATION SYNDROME 10YR. Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events buriel-tran Due to (or es e consequence of): Box 68760, Physician/Medical thet initieted events resulting in death) Lest the Due to (or es e consequence of): USB 68 Pert II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by Dicheter mellitus Division of Vital Records, Ś 24b. Were autopsy findings aveilable prior to completion of cause of death? EMPHYSEMA Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 PNo 1 ☐ Yes 2 ☑ No or Attending Physician: Be 25. Wes case referred to medical 26. Ptece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitet: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No After this 27. Manner of Deeth 28e. Dete of injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 1 PNatural 5 Pending investigation i birector: Af d in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in Medical 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner es steted. 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) wo 023630 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 16220 Frodorick RD #213, 6. thor, burg MD 20179 MAYO, MP 31. Dete filed (Month, Day, Year) 32 Registrer's Signeture State is Davidson-Randell Registrar

DHMH 16 Rev 6/95



SALLIMONE, MANIEAND ZIZIS-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.	
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTI	RTMENT	OF HEALTH	AND MEI	NTAL HYGIEN			. ,				
	1. DECEDENT'S NAME (First, Middle, Lest)						DATE OF DEATH							
	1DA Figur	GELLER	11				PRIL 8		YEAR 97	6.2	25 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday	MONTHS	1 YEAR IF UNDER 2		DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State	or Foreign			
	261-48-1184A 9a. FACILITY NAME (If not institution, give st	reet and number)	4	9b. CITY,	TOWN OR LOCATIO		eb. 14.	1913	Boston 3 Massachusetts					
OR	Hebrew Home Of G	reater Washi	ngton	Roc	kville			Mont	gome	ry				
5	RESIDENCE OF DECEDENT													
DIRECTOR	Maryland Monts	gomery	10c. C	Rockv				Od. INSIDE LIMITS	7					
IAL	10e. STREET AND NUMBER				10f. ZIP CODE				ZEN OF WH					
FUNERAL	6121 Montrose Roa				2085				S.A.					
BY FU	1. MANITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO II Yes, specify Cuban, Mexic I YES 2 1 NO Specify Cuban, Mexic I YES 2 1 NO Specify Cuban, Mexic I YES 2 1 NO Specify Cuban, Mexic I NO Specify Cu						14. RACE - Black, 1 Specify:	- American Indian, White, atc. White				
	15. DECEOENT'S EDUC	CATION	16a. DECEDENT	S USUAL OC	CUPATION		16b. KIND OF BUS	I SINESS/IND	HSTRY	MIII	LLE			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)	(Give kind of life. Do NOT Owner	f work done d use retired.)	uring most of working	'	Artific							
Σ									1000	. 5				
w	17. FATHER'S NAME (First, Middle, Lest) Julies Schneidern	nan		nnie	First, Middle, Maiden Dain	Sumame)								
8	19e. INFORMANT'S NAME (Type/Print)		196. MAILIF	G ADDRESS	(Street and Number of	or Rural Route	Number, City or Tow	n, State, Zip	Code)					
٤	Roberta Gold 3103 Juniper Lane, Falls Church, Virginia													
	20a. METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗀 Ramo 4 🗆 Donation 5 🗀 Other (Specify)	val Irom State cem	PLACE AND DAT etery, crematory or	other place)						,				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	apargord	d Cen	etery 4	/13/I	997 ROX	bury,	Mass	sacnu	isetts			
	Vonald C.	Stottlen		SI	EIN HEBR	EW ME	MORIAL F							
	23. PART I. Enter the diseases, or c	omplications that severe	syer_	- Z3	2 CARROL	L ST,	NW, WAS	HINGT	ON,					
	ehock, or heart feliurs. I	List only one cause on ea	ich line.	not enter	ins mode of dyin	g, auch aa	cardiec or respi	retory arm	eat,	interv	ximsta ai Batween and Death			
	disease or condition reculting in death)	ATHERO	SCLER	OTIC	CARDI	O VA	SCULAR	DIS	SEASE	7	SARS			
_	a. ATHERO SCLEROTIC CARDIO VASCULAR DISEASE Y GARS DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):													
27	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE	OFD.			-			ļ				
HTI	that initiated eventa resulting in death) LAST	l	CONSCIONA	J. j.						İ				
	PART ii. Other aignificant conditions	contributing to death b	at not regulate	In the co-	destulan carres -	una la Buri				1				
S		ENTIA	at not resulting	in the dire	renying cause gi	ven in Part	PERFOR	MED?	A	ERE AUTOP MILABLE PI OMPLETION				
MEDICAL		OKE					1 TYES 2	NO	0	F DEATH?				
Ä.	DID TOBACCO USE CONTR		F DEATH Y	ES 🗆 N	IO M UNCE	RTAIN [<u>. </u>		'	YES 2	□ NO			
× I	25. WAS CASE REFERRED TO MEDICAL	1	26. PLACE OF DE											
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpot	ntient 3 🗆 DOA	OTHER 4 Nursi	: Ing Home 5 - Real	Idence 6	Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJURY AT WORK?	28d		EŞCRIBE HOW INJURY OCCURED						
2 Accident Investigation Inves														
TED	3 Suicide 6 Could not be determined	building, etc. (Speci	Hy)	-traet, racio	ty, office	261.	LOCATION (Street a City or Town, Stete)	nd Number (or Hural Rou	te Number,				
COMPLETED		CIAN: To the best of my knowled: On the basis of examination								nd manner	ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER					ISE NUMBER								
BE		was MD.				655	2		SIGNED (M					
2	30 NAME AND ADDRESS OF REPRON WILL	COMPLETED ONLINE OF DE				- / 3		111	1 -1-	- 1	/			

ROCKVILLE



P. TALWAR

31. DATE FILED (Month, Day, Year)

APR 15 1997

32, REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

MD. 20852

State of Maryland / Department of Health and Mental Hygiene 11321 Certificate of Death 1. Decedent's Name (First, Middla, Last) Dete of Deeth **Physician** GIES ANNE ORIL /Medical facility Neme (If not institution, give street end number n of Death County of Deat **Examiner** 4NNEHRUNDEL NDE HOSPITAL

7. Aga (In yrs lest birthday) eN URNIE If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Numbar 6. Sex **Funeral** Birthplece (Steta or Foreign Country) Months Deys Hours Min. 1 M 2 F Director 198-20-6834 Yrs. 68 11,1928 Pennsylvania May Usuel Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mentel Hygione. Important: if item 27 is marked other than "natural", or items 23a or 28a-7 show any july yo or other thaumatic event, the Medical Examiner man to notified a 10d. Inside City Limits MD Arundel Gambrills Anne Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 818 Annapolis Road 21054 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amaricen Indian, Bleck, White, etc. 1 ☐ Yes 21 No If Yes, Give Yaer or Dates: 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo White Spacify þ Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 2^{College (1-4or 5+)} Elementery/Secondary (0-12) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Maidan Surnema) LeRoy Carman Marguerite Palmer 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) Ralph Thomas Gies 818 Annapolis Rd. Gambrills, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Our Lady of the Fields 4/18 4 ☐ Donation 5 ☐ Other (Specify) Millersville, MD 22. Name end Addrass of Fecility
Hardesty Funeral Home, P.A. 21. Signature of Funeral Sarvine Licensae als 12 Ridgely Ave. Annapolis, MD 21401 23a. Pert1. Enter the disease of complications thet caused the death. Do not enter the moda of dying, such as cardlac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximeta interval Between Onset end Death **Physician** N Duct (OVARIAN) CARCINUMA /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or es e consequança of) Examiner physician end s the burial-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in daeth) Lest Due to (or es e consaguença of). Division of Vital Records. P.O. Box 68760. The law requires that the death certificete be Physician/Medical Due to (or as e consequance of): esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 3 Probably 4 □ Unknown lasular Visease 1 □ Yes 2 No 24e. Wes an eutopsy performed? 24b. Wera autopsy findings eveilable prior to completion of ceuse of death? Completed pege 2 certificata hes 1 ☐ Yes 200 No 1 Yas Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deet Medical Certification: 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Naturel 5 Pending death. 1 Yes 2 □ No investigation 2 Accident Director: 6 Could not be determined 3 Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) or A 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

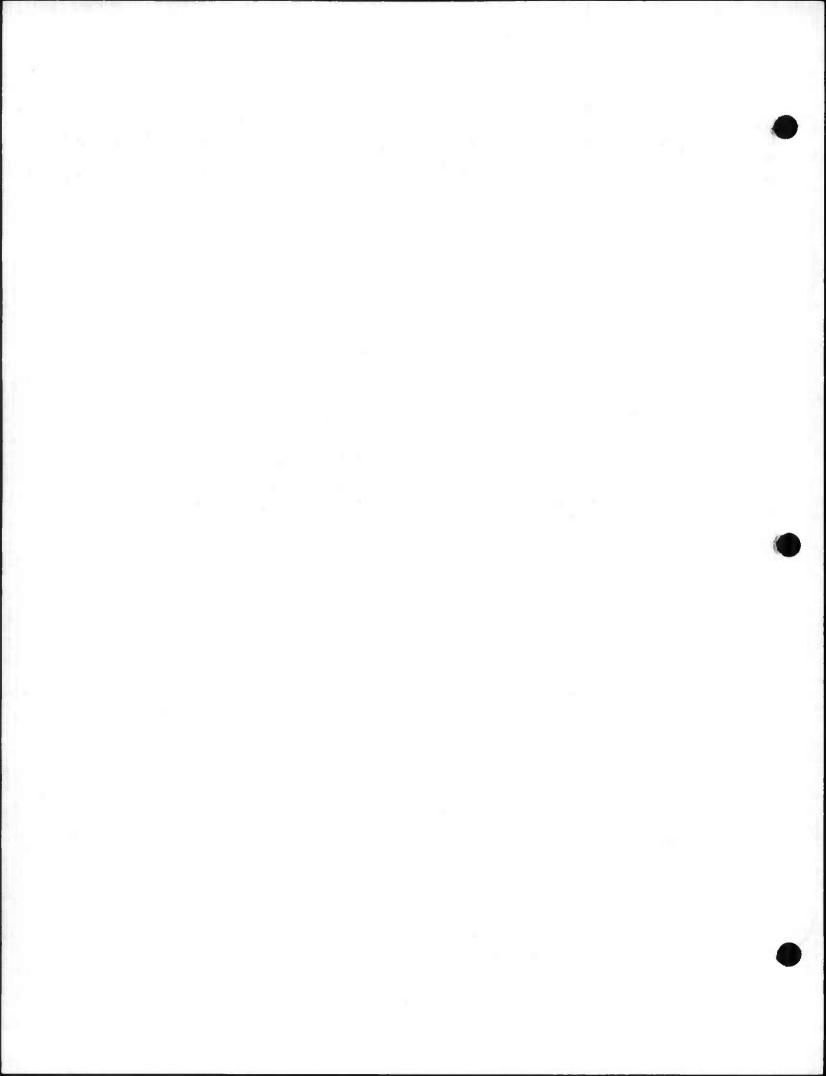
| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a. Certifier 29h. Signature and title of certifie 29d. Data signed (Month, Dey, Year) C Hickway

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32. Radistrar's

PABUIDE A

State Registrar



State of Maryland / Department of Health and Mental Hygiene

322

Physician	
/Medical	
Examiner	

5 Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral** 10XM 20 F 82 212-28-2491 Yrs Director Usual Rasidance of Decedent the Menyland 10a State 10h County 10c. City, Town or Location 7 is marked other than "natural", or flams 23a or 28a-f show traumetic event, the Medical Examiner must be notified at Md. Baltimore Baltimore Director 10e. Street and Number 10f. Zip Coda death with ll Beaver Pond Circle 21234 Funeral 11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, etc.) e filed within 72 hours efter de il Hygiene. othar than "natural", or fram 1 D(Yas 2 No If Yas, Giva Yaar or Datas: WW 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 ☐ Widowed 4 🖾 Divorced 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) Elemantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed wit Depentment of Health and Mental Hygiene important: if frem 27 is marked other than any Injury or other traumatic event, that once. Bartender 12 17. Fathar's Nama (First, Middle, Last) Patrick Gately Theresa 19a. Informant's Neme/Ralationship (Type, Print) Patrick Michael Gately Son 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20a. Method of Disposition 1 Ø Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funaral Sarvica Licansae 22. Nama and Addrass of Facility Eckhardt Funeral Chapel **Physician** Immadiata Cause (Final disaasa or condition rasulting in daath) /Medical Examiner Examiner The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, laading to Immadieta causa. Enter Undarlying Causa (Disease or Injury that initiated evants rasulting in death) Last end Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use es the burie Physician/Medical Dua to (or as a consequence of): 98 signed by the et d be deteched for Part II. Other algnificant conditions contributing to death but not resulting in the underlying couse given in Part I. Peripheral Vancular Disease þ whenic Heart direase Completed peed certificete 25. Wes case rafarrad to medical axeminar? Be 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No After this funerel 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28b. Tima of 28c. tnjury et Work? Certification: 5 Pending investigation 1 Netural 2 Accident To the Hospital or Attandit within 24 hours effer deeth.

To the Funeral Director: A completely filled in by the fu deeth. 1 Yas 2 No 3 Suicide 6 Could not ba datarmined 28a. Piece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 \(\text{Homicide} \) 1 Certifying Physicien: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical 29b. Signatura and title 29c. Licansa number 041901 BOOTE Northern Partway Baltimore, Mr. 21214 RED

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death April 13, 1997 ear Charles James Gately 5:55 a.m. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Genesis Elder Care Loch Raven Center Baltimore Baltimore 8. Date of Birth Sept. Day (Sear) 1914 Birthplaca (Stata or Foreign Country) Maryland 10d. Insida City Limits 1 ☐ Yas 2 No 10g, Citizan of What Country? U.S.A. 14. Race - Amaricen Indian, Black, White, atc. Specify: White 16b. Kind of Business/Industry Tavern 18. Mothar's Nama (First, Middla, Maldan Surnama) 19b. Malling Addrass (Streat and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) 11 Beaver Pond Circle, Balto., Md. 21234 20c. Location - City or Town, Stata New Cathedral Cem. Apr. 16, 1997 Baltimore, Md. 11605 Reisterstown Rd., Owings Mills, Md. 21117 23a. Part1. Enter the disaesa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximata Interval Batw retartatic lung Cancer 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed?

2000

1 Yas 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Straet and Number or Rural Routa Number, City or Town, State)

29d. Data signed (Month, Day, Yaar)

State Registrar

. M. j. zija j jako za meki e gre Zuper naj k

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

29d. Date signed (Month, Day, Yaar)

April 13, 1997

4940 Eastern Avenue, Baltimore, MD 21224

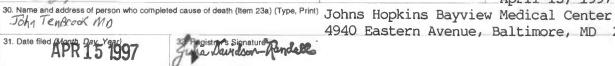
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	Physici /Medi		Decedent's Name (First, Mid Mary	E1i	zabeth	cabeth Castle Gacusan April 12, Pey 1997							7 ^{Year}		ne of Death : 29 pm	
	Examir	ner	4e. Fecility Name (If not institut Johns Hopkins	ayview Medical Center Baltimore						ation of Deeth 4c. County of Deet N/A						
	Funeral Director		5. Social Security Number 229-34-1784	6. 5	ex □M 2⊡xF	7. Age (In yrs. 65	last birthday, Yrs.	If Und Months	er 1 Yee s Days		Min.	Dete of Bir (Month, Da AY 24	Birth 9. Birthplece (Steta of Country) 4,1931 TENNESSEE			eta o <i>r Foraig</i> EE
	puel # #		Usual Residence of Decedent 10a. State 10b. Cour	nty		10c. Cf	ty, Town or L	ocation						10	ld. Insi	de City Llmits
	death with the Meryland ms 23s or 28s-f show Linual be notified at	jo	Md N/A	A			Baltim	ore							4.5	Yes 2 No
	r 28a-1	Director	10e. Street and Number	_				10f. Z	ip Code			10g. Citizen of	What Count	ry?		
_	23a or	al D	514 S. Beechf	ield	l Avenu	е				21229			U.S.A.			
	or its	by Funeral	11. Marital Status 1 ☐ Never Merried 2 🖔 M 3 ☐ Widowed 4 ☐ Divorce		12. Was Dec Armed Fo 1 [] Yes If Yes, Gi Year or D	J,S. 13.	13. Was Decedent of Hispanic Origin? (Specify Yes if Yes, specify Cuban, Mexicen, Puerto Rican, e □ Yes 2 □ No Spacify:			fy Yes or No can, etc.)	Yes or No- n, etc.) 14. Race - American Black, White, etc			ın,		
2-C	n 72 hours natural',	eted	15. Deced (Specify only high	ent's Ed	ducetion	lucetion 16a. Deced				ipation		16b. Kind of B	usiness/Indi	ustry		
aryland 2121	ed within ygiene. er than "	Completed	Elementary/Secondary (0-12 6TH GRADE)	College (1-4or 5+)	(Giva kind of work done during most of work life. DO NOT use retired) HOMEMAKER				or working				MAKING	
	s 1 and 2 should be filed within 72 hours Health and Mentel Hygiene. Item 27 Is marked other than "natural", other traumatic event, the Medical Exa	To Be	17. Fether's Name (First, Middla, Last) WILLIAM BANDY 18. Mother's Name (First, Middla, Maldan Surnama) CASSIE WILLIAMS								ma)					
	end 2 sh salth end n 27 Is m		19a. Informant's Name/Relationship (Type, Print) ROBIN MURPHY (DAUGHTER) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, St. 5716 BROTHERS PARTNERSHIP CT-COLUMBIA									, State, Zip o IA, MI	2]	1045		
Baltimore,	permit. Pages 1 end 2. Department of Health el Important: if item 27 is any injury or other trau		20a. Method of Disposition 1 \times Burlal 2 \(\times \) Cremation 3 \(\times \) Removal from State 4 \(\times \) Donation 5 \(\times \) Other (Spacify) 20b. Place of Disposition (Nama of cematery, cramatory or other place) LOUDON PARK CEMETERY 4/15/97 BALTIMORE											te		
Dall	Departi Importa any Info		21. Signature of Funeral Service	e Licer	1.1	hann				ess of Eacility UNERAL			MORE, M	D 2122	29	T
	Physician		23a. Party. Enter the disease, shock, or heart failure. L	or com	plications that cone cause on e										Approx	dmete il Between end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		a. Sepsis Due to (or as e consequence of):										24	hrs
	p t	Examiner			Pneumonia 48 MCS										455	
	acute end I-trans	xam	Sequentially list conditions,		Due to (or as e consequence of):											
Ö,	be ey	a E	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	Į	c. Lung	Lung Cancer									2,	months
OX 66/60,	th certificate be executed ending physician end r use as the buriel-transit	an/Medical	that initiated events resulting in death) Last	J	Due to (or as a consequence of):											
\simeq	deeth of etten		Dod II Other steelites at a self													
7. O	that the led by th detache	y Physici												4 Unknow		
ords	aw requir ss been s 2 should	Completed by											en eutopsy rmed?	com	ileble p	psy findings prior to n of cause
=	L age											10	Yes 2 No	1 🗆	Yes	2 No
N I G	Physician: The I this certificate har ral director, pege	Be	25. Was cese referred to medic examiner?	al	Hospital:				0	26. Place	of Death (Check only o	ona)			
5	Phys this raldii	٦.	1 ☐ Yes 2 MNo 27. Manner of Death		11/24		ER/Outpatie		JOA	4 ⊔ Nur	- 1		dence 6 Oth)	
DIVISION	Seath Seath	Certification:	1 X Natural 5 ☐ Pend	stigation												
	d n b	Certif	4 Homicide dete	rmined	28e. Place	of Injury - At hing, etc. (Specil	ome, tarm, st	reet, facto	ory, office		281	City or Tou	Straat and Numi vn, State)	per or Hural	Houla	rvum <i>ber</i> ,
-	P P P P P P P P P P P P P P P P P P P	dical	29a. Certifier (Check only one) 1 ☐ Certify 2 ☐ Medica	ing Ph	Iner: On the bi	best of my kno asis of examina ner stated.	owledge, deat ation end/or In	h occurre vestigatio	d at the t	ime, date and opinion, death	place, and h occurred	d due to the at the time,	cause(s) and madate end place,	anner as sta and due to	ited. the cai	use(s)

State Registrar

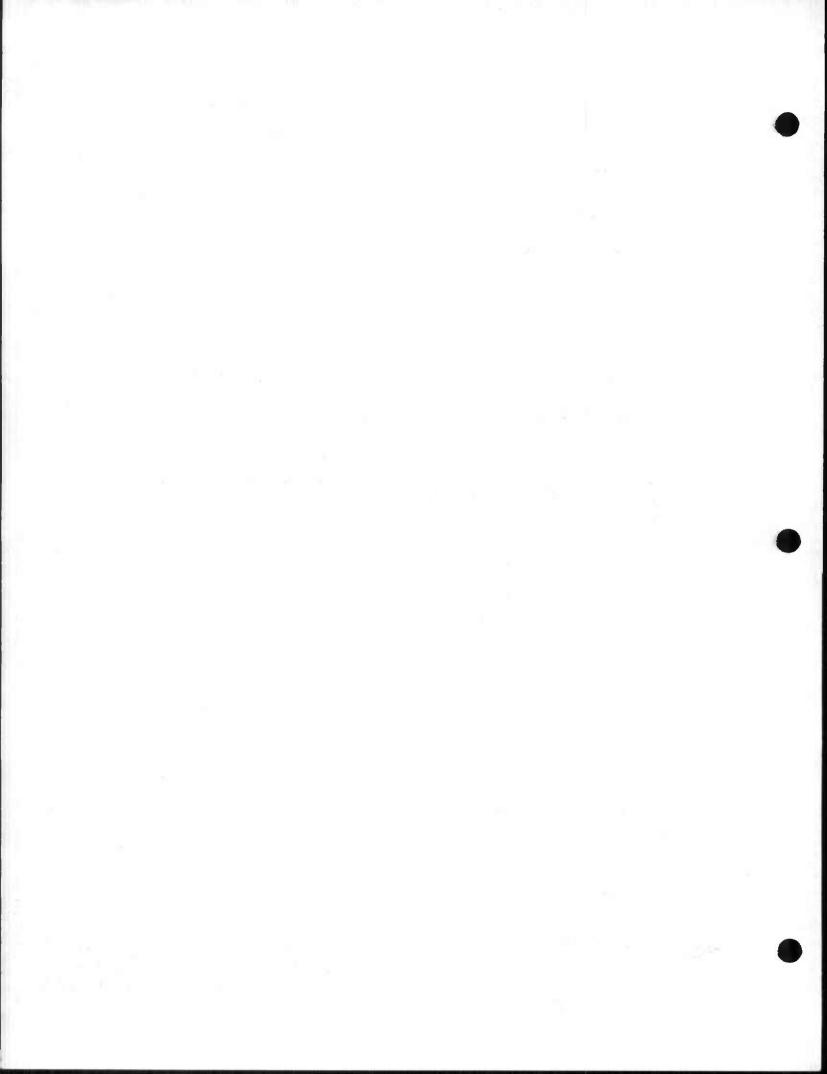
29b. Signature and title of certifier

31. Date filed (Month Day Year) APR 15 1997



29c. License number

96117



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

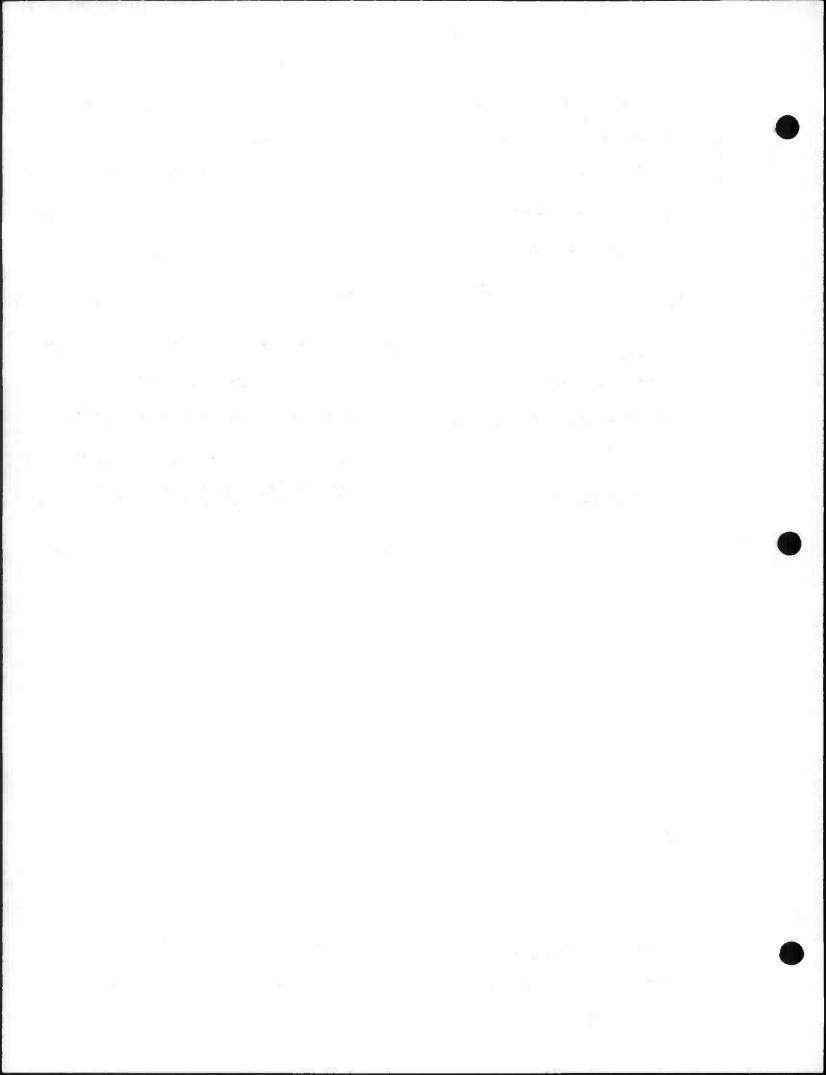
				State of Maryla		epartmen Certificat			Mental Hy	giene G	17	11324
	12		1. Decedent's Name (First, Middle, Las	()					2. Dete of De		V	3. Time of Death
	Physic		DELLA M.	HARMON					APRIL	11,19	97	12:05 PM
	/Medi Examii		4e. Facility Name (If not institution, giva MANOR CARE	street end number) RUXTON				4b. City, Town, or L	ocation of Deat	4c. County	of Deeth	
	Funeral Director		5. Social Security Number 6. Se 545-42-1932	7. Age (In yrs		nday) If Under Months	1 Year Days	If Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, De 07-07	th by, Year) -1907	9. Birth Col	nplece (Stete or Foreign untry) NSYLVANIA
	sa-f show	Director	Usuel Residence of Decedent 10a. State 10b. County MD • BALTI		ity, Town	or Location PERRY	Н	ALL				10d. Insida City Limits 1 ☐ Yes ②☐\No
	th with the 23a or 2	al Dire	10e. Street and Number 4316E.JOPPA	ROAD		10f. Zip		236		10g. Citizen of U . S		untry?
2-0050	be filed within 72 hours after death with the Merylend tiel hygiene. d other than "natural", or thems 23a or 23a-1 show event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Married X3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yaar or Detes:	J.S.	13. Wes Deced		lispenic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No Ricen, etc.)	14. Rad Ble Specif	ck, White	nicen Indien, o, etc. HITE
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d 2121	filed within Hygiene. other then ent, the Me	Ве Соп	10 YEARS 17. Fether's Nema (First, Middle, Last)	001090 (1 401 04)	T	EACHER		PAINTE 18. Mother's Nam		CHIN , Meiden Sumer		PAINTING
Maryland		ToB	CHARLES YOS 19a. Informent's Neme/Relationship (7)		10h	Mailing Addrage	/Stroot	FLORE				in Code)
	s 1 and 2 should of Health and Mer item 27 is marks other traumatic		SHIRLEY E.GARDN	ER (DAUGH.)	94		NDA	LE ROAD	,BALTI	MORE, M	D.,	21234
Baltimore,	00-2		20a. Method of Disposition 1 ☐ Burial 2X Remation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Removal from State	cemetery	cremetory or or	ther ple		Date 4-12-	97, BAL		, MD • 21202
Rall	permit. Peg Department Important: I any Injury o		21. Signeture of Funeral Service Licens 23a. Pert1. Entar tha diseese, or compshock, or heert feilure. List only of		th. Do no	4905	NRY YOR	W. JEN K ROAD,	BALTIM	ORE, MA		AND, 21212 Approximete
	Physician /Medical Examiner		Immediate Cause (Finel disaese or condition resulting in death)	a. ALZHEIMI	ERS	DISEA						tritervel Between Onset end Daeth 3 YEARS
Box 68/60,	requires that the deeth certificate be executed een signed by the ettending physician and hould be deteched for use as the burle-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immadiate ceusa. Enter Underlying Ceuse (Diseese or injury thet initiated events resulting in deeth) Last	c		nsequance of):						
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မ	The law requires ate has been sign page 2 should be	Completed by							perfo	en eutopsy med?	a	Vere eutopsy findings ivailable prior to completion of cause of deeth?
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ō	Phys r this ral di	on: To B	27. Menner of Deeth	Hospital: 1 Inpatiant 2 Inpatiant 28e. Dete of Injury (Month, Dey Yeer)	28b. Ti		Oth 8c. Injur Wor	er: XX Nursing H	ome 5 Resi		nar (Spec	eify)
	l or Attending efter death. Director: Afte I in by the fune	ertification:	ALB/Naturel 5 ☐ Pending investigation 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At h building, etc. (Speci		М	1 🗆	Yas 2□No	28f. Location (City or To		ber or Ru	rai Routa Number,
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	3		30. Neme end eddress of person who or			ype, Print)						

State Registrar 31. Dete filed (Month, Dey, Year)
APR 1 5 1997

STEPHEN



K. DYAL, M.D., 4920 CAMPBELL BLVD., WHITE MARSH, MD., 21236



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Rnest PRI 1997 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth eR if Under 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Dete of Birth J. Month Day, Young 22 9. Birthpieca (Steta or Foreign Deys Months Hours 1 □ N 2 □ F 75 214-18-2675 VIRGINIA Usual Residence of Decedent 10e. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits BALTIMORE MD n/a 1 Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 21216 UNITED STATES 2901 WINDSOR AV 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No 11 Maritel Status Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Ricen, atc.) 14. Race - American Indian, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Married BLACK 1 Yes 2 XXNo Specify: 3 Widowed 4 □ Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) BETHLEHEM STEEL CORP. MILLSIDE 10 th 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Melderi Surneme) FANNIE MILLER **GEORGE** WASHINGTON HAMM 19e. Informent's Neme/Reletionship (Type, Print) BERLETTE ADESALU-Daughter 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State Zip Code) 5519 HUTTON AVENUE, BALTIMORE, MD 21207 20e. Method of Disposition 20b. Piece of Disposition (Neme of Dete 20c. Location - City or Town, Steta cemetery, cremetory or other piece) 1) Buriai 2 ☐ Cremetion 3 ☐ Removel from State MEMORIAL PARK 4-16-97 RANDALLSTOWN, MD KING 4 ☐ Donetton 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licensea 22. Neme end Addrass of Facility WM. C. MARCH FH.-4300 WABASH AVENUE 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between Onset end Deeth immediete Cause (Finei ardiac disaase or condition resulting in death) Due to (or es e consequence of): Longry Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequenca of) thet initieted events resulting in death) Last Dua to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably Conknown 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 PANO 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes DE No 1 ☐Inpatient 2 ☐ER/Outpatient 3 ☐ DOA 27. Menner of Death

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be

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Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiana. Important: If Item 27 is marked other than "n any Injury or other traumatic avara

with the Maryland

death

hours after

Saltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Examiner

attanding physician and for usa as the burial-transit The law requires that the death certificate be executed Physician/Medical signed by the à Be Completed peed paga 2 this cartificata edicai Certification: To Attac Attending

25. Was case referred to medical

Neturel

2 Accident

3 ☐ Suicide

4 Homicide

28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Dascribe how injury occurred

1 ☐ Yes 2 ☐ No

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29a. Certifier to certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end magner stated. (Check only one) 29b. Signeture end title of certifier 29c. License number

29d. Dete signed (Month, Dey, Year)

30. Name and address of person mpleted cause of deeth (Item 23a) (Type, Print)

32 Registrat as ignaturandalle

5 Pending Investigation

6 Could not be determined

berly Medical Batto. MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 12. Date of Death

					Ce	ertificate	or Dea	เท		Reg. No.		
ysician ledical aminer	1	1. Decedent's Name (First, Middle, A A A A A A A A A A A A A A A A A A A	L	Pe mber)	H	1111	4b. City	, Town, or Lo	2. Date of De	eeth Dey	Yeer 3.	Time of Death
	ı	IRVINGTON KNO	LL CARE	CENTER			В	ALTIM	ORF	NO		
eral ctor				7. Age (In yrs. 76	. lest birthdaj Yrs.	y) If Under 1 Months E		der 24 Hrs.	8. Dete of Bi (Month, De 4/27/	rth ey, Year)	9. Birthplece Country)	(Stete or Foreign
	-	10e. Stete 10b. County		10c. Ci	ity, Town or I	Location					10d I	nside City Limits
rector	5	MD. NONE			BALTI	MORE						# Yes 2□No
irec		10e. Street end Number			0712121	10f. Zip Co	ode			10g. Citizen of	Whet Country?	
ral Di	3	802 WALNUT	AVE.			2	1229			II.	SA	
by Fune	3	11. Marital Status #□ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	/8	J,S. 13	B. Wes Deceden If Yes, specify	t of Hispenic Cuben, Mex		ecify Yes or No Rican, etc.)	o- 14. Ra	ce - American Ir eck, White, etc.	AFRO
Completed		15. Decedent's (Specify only highest	Education		16a. Dec	edent's Usuel C	Occupetion	and of work	ina	16b. Kind of E	Business/Industr	
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ODCe.	ł	1 Paral	do	1.10	- 1	22. Name and A ESTEP				HOME P.		
	+	23a. Pert1. Enter the disease, or co shock, or heert failure. List or	omplications that co	res		1300	FILLAW	PL. BA	ALTO, M	D. 2121		
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cian/Medical Examiner	i control of the cont	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last	e.	Due to (c	or es e conse	By Ca equence of): equence of):	it dying, such	es cerdiec d	Mor respiretory e	PINE	6 n	no Mhg
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth Month **Physician** 1240 AM duin /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Daath Examiner 3658 . 5. Social Security Number 658 ret 10 noxvi ederic Under 24 Hrs. If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthpleca (Stata or Foreign Country) Funeral Days Months 1 M 2□ F 9938 Yrs **Director** irainia Usual Residence of Decadent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 100. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No by Funeral Director 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 6 8 658 items 23e Pages 1 and 2 should be filed within 72 hours effer death nant of Health end Mental Hygiene.
Int: If lem 27 is merked other than "natural", or items 23 12. Was Decedent Evar In U,S Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status as Decedent of Hispanic Origin? (Specify Yas or No-Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2√€ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry al Hygiene. Elemantary/Secondary (0-12) Collaga (1-4or 5+) Lumber C Self employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Charles Carolle Hering Harrett Alice Taylor 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) important: if item 27 is any injury or other traus Mary Hering/wife 3658 Petersville Road, Knoxville, Maryland 21758 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Dete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 X Donetion 5 ☐ Other (Specify) 21. Signetura of Funeral Service Licensee vice no di 22. Nama and Addrass of Fecility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Joseph Van San 1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, hock, or haart failura. List only ona causa on aach tine. Approximate Intarval Batw Onsat and Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leading to immediate causa. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in daath) Lest Due to (or es a consequence of) Box 68760, physician Physician/Medical Dua to (or as a consequenca of): The law requires that the death certificale Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed?

Completed Be 2

has certificate Hospital or Attanding Physician: this Certification: After death. 24 hours efter deati Funeral Director: edical

25. Was case raferred to medicat 28. Placa of Death (Check only ona) examinar? Other: 4 Nursing Home 1 Inpatient 2 ER/Outpetient 3 DOA 5 Residence 6 □Other (Specify) 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 27. Manner of Death 28b. Time of 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending 1 Yes 2 No Invastigation 6 ☐ Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Placa of injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 ☐ Homicide 12 Certifying Physicien: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29d. Date signed (Month, Dey, Year)

State

29b. Signature and title of certifia

610

ath (Item 23a) (Type, Print)

within 2 To the

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

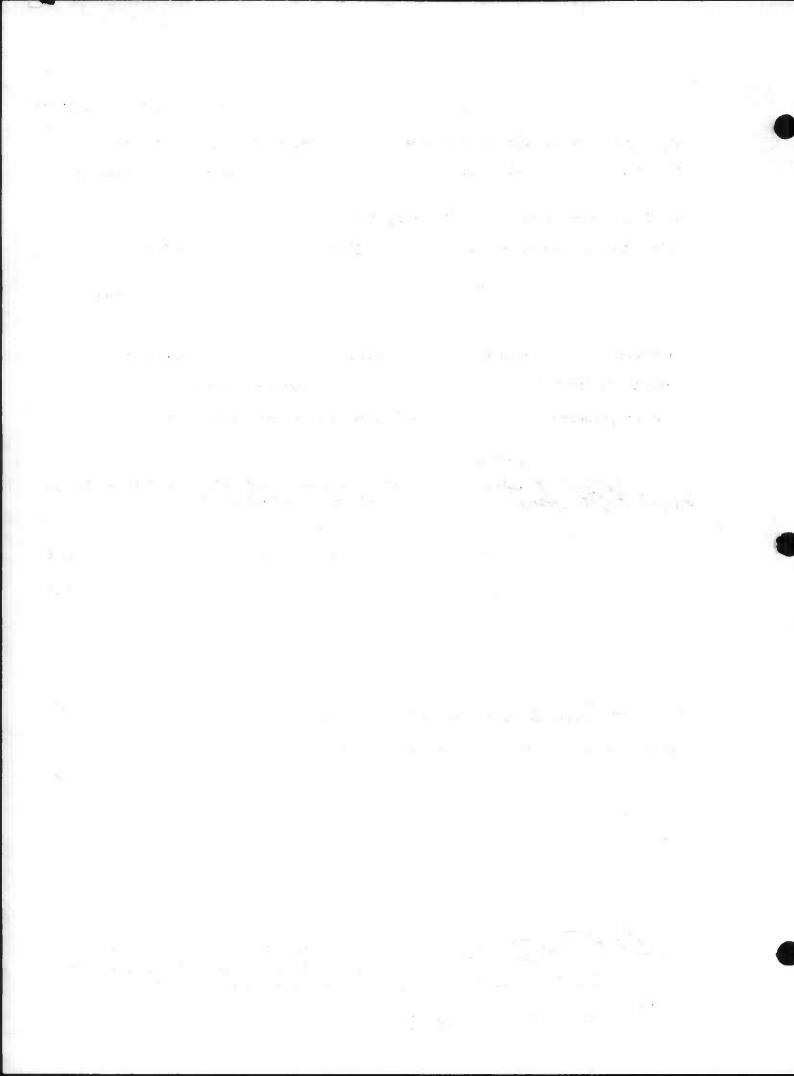
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P	Exami		4a. Facility Nama (If not institution, giva s SHADY GROVE NUF	SING CE				4b. City, Town	or Location of De		ty of Death	
h	Funeral		Social Sacurity Number 6. Sax	7.	Aga (In yrs. la	ast birthday)	If Undar 1 Ya	ar If Undar 24	Hrs. 8. Data of E			placa (Stata or Foreign
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21215-0020	hin 72 hours n "natural", Med cal Ex	Completed	15. Decedant's Edu (Specify only highast grade Elementery/Secondary (0-12)	cation complated) Collega (1-40	25.1	18a. Deced (Giva lifa. L	lant's Usual Occ kind of work dor OO NOT usa reti	cupation na during most of ired)	working	16b. Kind of E	Businass/Ir	ndustry
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Maryland	should be filed withlend Mental Hygiene. marked other then	To Be (17. Fathar's Nama (First, Middla, Last) LINWOOD HOW	ARD				18. Mothar's ANN I	Nama (First, Midd E FLORE			
	s 1 and 2 should be filled within 72 hours after dea f Health and Mental Hygiene. Item 27 is marked other than "natural", or Items other traumatic event, the Medical Examiner in		19a. Informant's Name/Ralationship (Ty, MARY LOUISE HOWAR						URT, GAI			
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Ĕ	Pages ment of I ant: If ite ury or o		4 Donation 5 Othar (Specify)	amovai irom Sta		NESTOW	N CEMET	ERY	4/14/97	DARNES	TOWN	, MD.
Baltimore,	permit. Pages 1 and 2. Department of Health at Important: If Item 27 is any injury or other trau		21. Signature of Funaral Sarvica License McLiff &/- &	Barks	/				FUNERAL YTONSVIL		2000	2
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ital	delan: The	Be C	25. Was casa referred to medical					26. Placa of	Death (Check onl	23 11		
7	Physician: this certific	To	examinar? 1 Yes 2 No	ospital:	atiant 2 🗆 E	ER/Outpatien	t 3□ DOA	Other: 4 Nursi	ng Homa 5 ☐ Ra	sidance 8 🗆 Ot	ther (Speci	ify)
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Division	7 E E C	Certification:	3 Suicida 8 Could not be datarmined	28a. Place of building,	Injury - At hor atc. (Specify)	na, farm, str	eet, factory, offic	×8	28f. Location City or 1	(Street and Num own, Stata)	ber or Rur	ral Routa Number,
	To the Hospital of within 24 hours at To the Funeral D completely filled I	edical C	29a. Cartifier (Check only one) 1 ☐ Cartifying Phys 2 ☐ Medical Examir		of axaminati							
	withir To th	Me	29b. Signatura and titla of certifiar	35 004			29c. Lica	nsa number		29d. Data sign	ed (Month,	, Day, Year)
			20 Name and address of access with					839		APRIL 1	1, 19	97
		0.753	30. Name and addrass of person with co DR. CHRISTOPHER C.				GOMERY	AVENUE,	ROCKVILL	E, MD.	2085	0
	Sta Registi		31. Data filad (Month, Dey, Year) APR 15 1997	32. Heat	in Laind	son-Man	dell					

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Lest) 2. Data of Daath 3. Tima of Death Day 1997 **Physician** Marie April 6, Hugel 2:45 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Springbrook Adventist Nursing Home Silver Spring Montgomery ff Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 6 Sax Birthpleca (Stata or Foreign Country) **Funeral** 1□ M 25 F Months Days 577-05-1279 Director 86 June 25, 1910 Virginia Usual Residence of Decedant death with the Meryland 10a. Stata 10c. City, Town or Location 10b County 10d. Insida City Limits "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director Maryland 1 Yas 2X No Montgomery Silver Spring 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12325 New Hampshire Avenue 20904 U.S.A Funeral 12. Was Decadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. 11 Marital Status Black, Whita, atc. filed within 72 hours efter 1 X Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education (Specify only highast greda complated) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Health and Mentel Hygiene Important: if Item 27 is marked other tha any injury or other traumatic event, Ins. once. unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Joseph T. Haywood Madeline Gross 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Jean Haupt/neice 4641 Lacy Avenue, Suitland, MD 20746 20a. Mathod of Disposition 20b. Plece of Disposition (Neme of cematary, cramatory or other plece) Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ② Othar (Spacify) In State Signature of Fuperal Service Licens
Joseph B. 22. Nama and Addrass of Facility
State Anatomy Board, 655 W. Baltimore Street Wan Baltimore, Maryland 21201 art1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart failura. List only ona causa on aech line. Physician /Medical Immadlata Causa (Final disaasa or condition rasulting in daath) **Examiner** Be Completed by Physician/Medical Examiner >3 xrs. red Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avents resulting in death) Lest Box 68760 Dua to (or as a consaguanca of) P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? Drabeles Type II, Dementia (Advanced) 1 Yes 2 No 3 Probably 4 Unknown Records, generalized cacheria, Dysphagia 24b. Wara autopsy findings available prior to 24a. Was an autopsy complation of causa of deeth? page 2 s 1 Yas 2 No 1 Yas 2 No this certificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director, to 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1□ Yas 2☑No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpetiant 3 ☐ DOA 28a. Data of Injury (Month, Dey Year) 27. Mannar of Deeth 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 5 Pending invastigation 1 Netural 1 Yas 2 Accidant 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Numbar, City or Town, Steta) 4 Homicide 1 Certifying Phyalcian: To the best of my knowledga, death occurred et the tima, deta and plece, end due to the ceuse(s) and mennar es stated.
2 Madical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred et the time, data and place, and due to the ceuse(s) and manner statad. edical 29a. Certifian (Check only one) 29b. Signatura and titla of continu 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 1)3/001 30. Name and address of person who chappeded cause of death (Item 23a) (Type, Print) 7500 Green way Cat. Dr. #430 Greenbelt, Md. 20770 vort istrar's Signatura 31. Data filad (Month, Day, Yaar) State APR 1 4 1997 Registrar



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State of Maryland / Department of Health and Mental Hygiene 9 7 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth April 13, 1997 6:11 A.M **Physician** George Wesley Housley /Medical 4b. City, Town, or Location of Deeth Annapolis 4e. Fecility Neme (If not institution, give street and number)
Anne Arundel Medical Center 4c. County of Death Examiner Anne Arundel 7. Age (In yrs. lest birthday)
91 Yrs.

H Under 1 Yeer H Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Months Deys Hours Min. Mar. 10, 1906

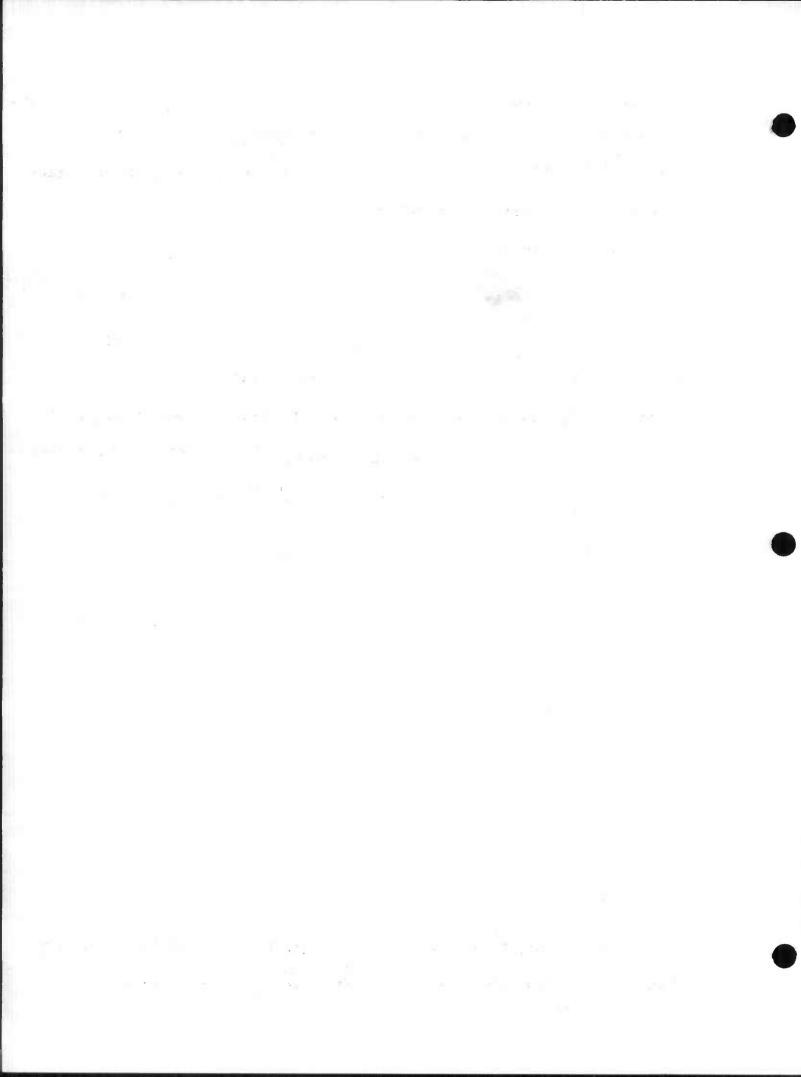
9. Birthplace (Stete of Country)
Mar. 10, 1906

Mary Land 5. Social Security Number 212-16-5730 Birthplace (State or Foreign Country) **Funeral** X□XM 2□ F Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health end Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show eny injury or other traumatic event, the Medical Examinet must be notified all once. 10e. Stete 10b, County 10c. City, Town or Location Annapolis 10d. Inside City Limits Maryland Anne Arundel 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 911 Ridgewood Street 21401 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ☑ Yes 2 □ No Arm y
If Yes, Give WW II
Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2K No Specify: þ 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N / A Contruction Carpenter 8th 17. Fether's Neme (First, Middle, Last)
Thomas Housley 18. Mother's Name (First, Middle, Meiden Surneme) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
911 Ridgwood Street Ann. Maryland 21401 19e. Intorment's Neme/Reletionship (Type, Print) William J. Curran/Nephew 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 4-16-97Annapolis, Maryland 1 Duriel 2 □ Cremetion 3 □ Removel from Stete Hillcrest Cemetery 4 ☐ Donetlon 5 ☐ Other (Specify) 22. Name end Address of Fecility
Hardesty Funeral Home P.A.
12 Ridgely Avenue Annapolis, Md. 21401 21. Signature of Funerel Service Licensee Jarle annino Part . Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haert tailure. List of one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** tmmedlete Cause (Finel diseese or condition resulting in deeth) /Medical Examine Physician/Medical Examine The lew requires that the death certificate be executed attending physician end for use as the burial-transit Sequentielly list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence ot) vision of Vital Records, P.O. Box 68760, Due to (or es e consequence of): signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Dtd tobacco uss contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Cardis jenic Shock þ 24b. Ware eutopsy tindings evellable prior to completion of cause of daath? 24a. Wes en eutopsy performed? Completed Electrolyte Imbelance fractor, page 2 Renal Failure 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical examiner?

1 Yes 2 No Be 26. Plece of Deeth (Check only one) Hospitel: 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Meturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 ☐ Could not be datermined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, term, street, tectory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai 24 h (Check only one) To the I within 2 To the I 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) mo mile mo APRIL 13, 1997 V3177 8 30. Name and eddress of person who completed cause of death (Itam 23a) (Type, Print) 2003 Hedical Parking Robert A MILLER MD Annual of the DIS Robert A MILLER MA Mungolin mo 32 Registres Signeture. Julia Day doon Randelle

DHMH 16 Ray 6/95



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State of Maryland / Department of Health and Mental Hygiene 0 7

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		4	~	- 4

					Cert	ificate	of.	Death		Re	g. No.	-	11001
	Physic /Medi		1. Decedent's Name (First, Middla, La Hazel Matild	a Griner Har	vey					Date of Death Month		Year 97	3. Time of Death 12;05
	Exami		4a. Facility Name (If not institution, given Anne ARundel		er				m, or Locatio polis		4c. County Ann		Rundel
	Funeral Director		220 30 0434	Sex 7. Aga (In yrs. I		If Under 1 Months	Vear Days	If Under 2 Hours	Min. (Date of Birth Month, Day, UNE	Year) 18 19:	Cou	place (State or Foreig intry) Md
	Maryland a-f show	tor	Usual Residence of Decedent 10a. Stata 10b. County Md Anne A		hady								10d. Inside City Limits
	th with the 23a or 28 ast be not	Funeral Director	10e. Street and Number 6499 W. Shady	Side Road		10f. Zip (765	5		10	g. Citizen of US		intry?
020	be filed within 72 hours after death with the Maryland tall Hygiene. I other than "natural", or items 23a or 28a-f show event, tre Mexical Examinar must be notified as	þ	11. Marital Status 1 ☐ Never Married 2☐Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedent Ever In U, Armed Forces? 1 □ Yas 文文No If Yes, Give Yaar or Datas:	lf Y	as Decede /es, speci	fy Cuba	ispanic Orig an, Maxican, Specify:	in? (Specify Puarto Ricar	Yas or No- n, atc.)	Bia	ce - Ameri ck, White y: Wh	
21215-0020	within 72 hours ene. then "natural",	Completed	15. Decedent's E. (Specify only highest grave) Elementary/Secondary (0-12) 1 2	ducetion ada complated) College (1-4or 5+)	18a. Deceder (Giva kh lifa. DO Schoo	nt's Usual nd of work NOT use ol T	Occup dona ratired	ation during most	of working	1	6b. Kind of B		
Maryland 2	permit. Pages 1 and 2 should be filed within Department of Haaith and Mental Hygiene. Important: if item 27 is marked other than 'any Injury or other traumatic event, the Mapping.	To Be Co	17. Father's Nama (First, Middla, Last James Barnes		100			18. Mother		st, Middle, M Schae	Maiden Suman	na)	
	and 2 should saith and Men n 27 is marke er trsumstic		19a. Informant's Name/Ralationship (William D. Ha		19b. Mailing 6499	Address W .	(Street Sha	an <i>d Number</i> ady S	or Aural Ro	d.,	City or Town Shady	Stata, Zi Sid 207	e, Md
Baltimore,	Pagas 1 ment of He ant: If item ury or oth		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification of the control o	Ramoval from State	ace of Disposit ema <i>tary, cr</i> ama odfie	tory or oth	har piad		4/1		Gales	 City or T 	own, State
Ball	permit. Departn Importa any ink		21. Signature of Funeral Service Licer	ass				ss of Facility	Hai		1		Home PA 21401
9	Physician /Medical		23a. Part1. Enter the disaase, or com shock, or haart failure. List only Immediate Cause (Final	plications that caused tha daath	. Do not entar	the mode	of dyin	g, such as c	ardiac or ras	piratory arre	st,		Approximata Interval Between Onset and Death
	Examiner	iner	disease or condition resulting In death)	Due to (or	as a conseque	ence of):	He	1 C	JO, L	uns	Lue		3/1 (/ ((
68760,	erificata be axecuted ing physician and e as the burial-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	c. A	as a conseque	<u> </u>	12	- Great	Her	mile	lock	7	
Box 68	6 = 0	2	rasulting in death) Last	d. HF	as a conseque	mes or,	,	, 0	Perpe	who	y Ta	Mes	
P.O.	The law requires that the death co ate has been signed by the attend page 2 should be deteched for us	/ Physician/	Part II. Other significant conditions o	ontributing to death but not resu	lting in tha und	arlying ca	usa giv	an in Part I.		23b. Did tol	_/		to the cause of death obably 4 Unknow
Records,	aw requires as been sign 2 should be	Completed by								24a. Was ar perform	autopsy ned?	a	Vere autopsy findings valiable prior to ompletion of causa i death?
Vital Re		Be Com	25. Was case referred to medical					28. Place	of Death (Ch	1 ☐ Ye		1	Yes 2 No
O	£ 68	2	examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Day Year)	ER/Outpatient 28b. Time of Injury		c. Injur Wor	y at k?	28d.	_	nce 8 Oth w Injury occur		ity)
Division	or Attending after death. Director: Afte in by the fund	Certification:	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	B One Place of John Asha	ma, farm, stree	M t, factory,		Yes 2□N	28f. L	ocation (Str City or Town	eet and Numi Stata)	per or Rui	ral Routa Number,
11.	A Mena	al Ce	29a. Certifier 1 Certifying Ph	ysician: To the best of my know	vledgê, death o	ccurred at	t the tin	ne, date and	place, and d	lue to the ce	use(s) and m	anner as	stated.

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certificate o	f Death	F	Reg. No.	1	1002
Г	Dhusisi		1. Decedent's Neme (First, Middle, Last,					2. Dete of Dee	eth		3. Time of Deeth
	Physici /Medi		FRANCES ANN	A HARRI	S			April	1 ^{Day} , 19	97	1:52pm
	Examir	ner	4e. Facility Neme (If not institution, give			11	4b. City, Town, or I				
_			1000 Frankl		-	• 910	ESSe ar If Under 24 Hrs.			altim	
l.	Funeral Director		5. Sociel Security Number 6. Set 220–12–6468	7. Age	(In yrs. lest	Yrs. Months Dey		8. Dete of Birth Month, Dey Feb • 5 ,	1909	9. Birthplec Country,	e (Stete or Foreign
	puel m		10e. Stete 10b. County		10c. City, T	own or Location				10d.	Inside City Limits
	Mery First	tor	Md Balti	more		Essex					1 ☐ Yes 2 No
	h with the	Funeral Director	10e. Street and Number 1000 Franklin A	ve. Apt.	910	10f. Zip Code 21	221		10g. Citizen of V USA		?
020	permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health end Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-1 show any Injury or other traumatic event, the Medical Exprined Frontied and once.	by	11. Meritel Stetus 1 Never Merried 2 Married 3X Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:		13. Wes Decedent of If Yes, specify C	of Hispenic Origin? (S) uben, Mexican, Puerto	pecify Yes or No- p Rican, etc.)		e - American ck, White, etc : Whit	
ה ה	72 ho	Completed	15. Decedent's Edu (Specify only highest grade	cation e completed)	1	6a. Decedent's Usuel Occ	cupetion	kina	16b. Kind of B	usiness/Indus	try
7	vithin ne.	nple	Elementery/Secondery (0-12)	College (1-4or 5-	+)	(Give kind of work dor life. DO NOT use ret	,	ang .			
7	hor ti		8th 17. Fether's Neme (First, Middle, Last)			Cashier	18. Mother's Nen	o /First Middle		rdware	
200	od be	Be	William Fette	rhoff				orgianna		16/	
2	shoul nd Me mark mark	2	19e. Intorment's Name/Reletionship (Ty			19b. Meiling Address (Stre				Stete, Zip Co	ode)
Ξ	and 2 ealth e n 27 is		Alberta Bischer /	daughter			try Terra				
ב ב	of Her		20e. Method of Disposition		20b. Plece	a of Disposition (Name of	plece)	Date	20c. Location -	City or Town	, Stete
altillo	Peges 1 nent of Ha ant: If Iten ury or oth		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State	OAk	Lawn Cemete	ery 4/15,	/97	Ba1ti	more M	ld.
	permit. Departn Imports any Init		21. Signature of Funeral Service License	00 0	11	22. Neme end Add	dress of Fecility Y Funeral	Home of	Essex		
_	R 6 2 0 3		* R. Turus	(om	lle	300 Mac	e Ave. Ba	Itimore	Md. 212	21	
)	Physician /Medical		23a. Pert 1. Enter the disease, or comblishook, or heert teilure. List only or Immediate Ceuse (Final		7	1	tylng, such es cardiac	or respiretory en	rest,	ln)	pproximete tervel Between nset end Deeth
	Examiner		disease or condition resulting in deeth)		role	se consequence of):					
	BASS	ner		A	Д Ц	A consequence on.				1	
	es that the death certificate be executed igned by the ettending physicien and be deteched for use as the bunet-transit	Medical Examiner	Sequentially list conditions,		Due to (or es	e consequence of):					
S C	be exe	Ē	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	. A	4 per	famos.					
00/00	physi s the l	dle	thet initieted events resulting in deeth) Lest	C	ue lo (or es	e consequence ot):					
4	certifi nding use es			J							
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)	by the	Physician	,	7	I HOLTESUILII	g in the underlying cause	given in reit i.	1 N	-	3 Probab	e cause of death?
ń	gned be de	ру Р	Large (gerrie	-				72.0		
5	aw requir as been s 2 should	Completed						24e. Wes e perfor		eveile	autopsy tindings ble prior to letion of cause oth?
	ysician: The law is certificate has b director, page 2 s	Con						1 🗆 Y	es 2 No	1 🗆 Y	es 2□ No
	olan: entific	Be (25. Was case referred to medical exeminer?				26. Plece of Dee	th (Check only or	ne)		
5	> 00	1º	1 ☐ Yes 2 X No	lospital: 1 Inpatier		Culpetient 3L DOA	Other: 4 Nursing H	_	lenca 6 □Oth		
5	Iling F After funer	lon	27. Menner of Deeth 1 Naturel 5 ☐ Pending	28a. Dete of Injun (Month, Dey	Year) 28	b. Time ot 28c. In V	njuryet Vork? ☐ Yes 2 ☐ No	28d. Describe h	low injury occur	red	
2	Attending Physician: or death. ector: After this certific by the funeral director.	flcat	2 Accident investigation 3 Suicide 6 Could not be	28e. Plece of Inju	ry - At home	, ferm, street, fectory, offic		28t. Location (S	Street and Numb	er or Rural R	oute Number.
5	or J effer Dire d in b	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	,		City or Tow			
	To he Hospital or Attanding Ph winn 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical C	29e. Certifier (Check only one) Certifying Physical Examination (Check only one)	sician: To the best of her: On the basis of a	examinetion	dge, death occurred et the end/or investigetion, in m	time, dete end plece y oplnion, deeth occu	, end due to the c rred et the time, c	ceuse(s) end me dete end plece,	enner es stete end due to th	id. e cause(s)
	To the composition of the compos	Me	29b. Signeture end title of peniling	/			ense number	1 0	29d. Dete signe	d (Month, De	y, Year)
ğ	1		1/2	/ Uns	nni	e) (Type Print)	12022	/19d	4-1	4-97	,
91			30. Neme end eddress ot person who co		eth (Item 23	e) (Type Print)	n 1	10 Ans	R6 6	7/2:	2/
	W		LEOBOTAN /	VPURCA -1	2 40	1 demini	so Icam 14	- J suce	ALL BURG	0,00	/

State Registrar 31. Dete tiled (Month, Dey, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

				State of M	aiyiaii		ertificate of	Death	nemai my	Reg. No.	11	11333
	Dhuoici		1. Decedent's Neme (First, Middle, L.	ast)			3		2. Date of De	eath Day	Year	3. Time of Death
	Physici /Medio		Anna Mae		HEIS	HMAN			April	14 1:	997	2:20 A.M.
¥	Examir		4a. Facility Neme (If not institution, gi	ve street and number;				4b. City, Town, or L	ocation of Deel	th 4c. County	of Death	110
			Franklin Squ	are Hospit	al C	enter		Rosedale		Balt:	imore	
	Funerai		The second secon	Sex 7. Ag		last birthday	Months Days		8. Date of Bi (Month, D	rth ay, Year)	9. Birthp	lace (State or Foreign try)
ė.	Director		219–32–8761 Usual Residence of Decedent	TE IN GET	60	Yrs.			Feb.6,	1937		yland
	land	8	10a. State 10b. County		10c. City	y, Town or I	Location				10	0d. Inside City Limits
	Mary	to	Md. Balti	more			Esse	x				1 ☐ Yes 2 🕱 No
	death with the Maryland ms 23s or 28s-f show restricted at	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of N	What Coun	trv?
	3a ol		3 Fairw	av Road				21221			USA	
	death me 2	Funeral	11. Marital Status	12. Was Decedent	Ever in U,	S. 13	. Was Decedent of	Hispenic Origin? (Sp ban, Mexicen, Puerto	ecity Yes or N		e - Americ	
020	or ite	þ	1 ☐ Never Marrled 2 ☐ Marrled 3 ☐ Widowed 4 ☒ Divorced	Armed Forces? 1 Yes 2 X If Yes, Give Year or Dates:			If Yes, specify Cul		Rican, etc.)	Specify	ck, White, o	hite
-	"natural",	Completed	15. Decedent's E	ducetion		16e. Dec	edent's Usual Occu	pation		16b. Kind of B	usiness/Ind	lustry
7		pie	(Specify only highest gr Elementery/Secondery (0-12)	College (1-4or	5+)	(Giv life.	DO NOT use retir	during most of work ed)	ing			
7	ygien gerth.	200	9th			F	lousewife			own l	home	
and	be filed d other	Be	17. Father's Name (First, Middle, Las	1)				18. Mother's Nam	e (First, Middle	, Meiden Suman	ne)	
N N		2	Allie Atwell					Marga	aret Om	eis		
Mar	and and will		19a. Informant's Name/Relationship					at end Number or Rur				Code)
'n	s 1 end 2 should f Health and Mer tam 27 is merke other traumatic		Barbara Huber/	daugnter	not D			Road Balt				
Dallinor	permit. Pages 1 end 2 Department of Health s Important: If Itam 27 Is any injury or other tra	à	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		0	emetery, cr	position (Name of ematory or other plants)		Date /97	Baltir		
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,00700,	artificate be axecuted ing physician and a as the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	b			equence of):					
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0	ysician: The lav s cartificate has director, page 2								10	Yes 2 No	1□	Yes 2□ No
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			formald att	riasis	NO		D-Z8	097		4/14	197	
	3		30. Name and address of person who					574 to 18	7	HE DAY		RESTREET
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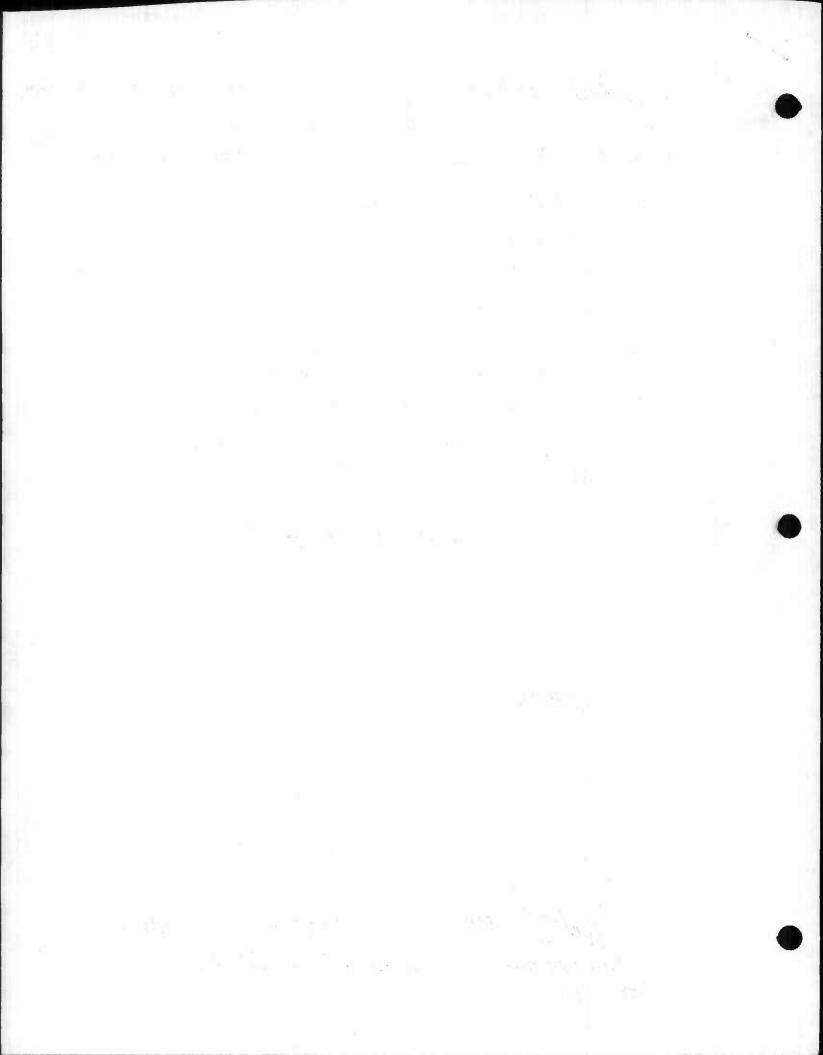
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 16bper F.H. Item: 24a per Physician G-746 entificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Deeth **Physician** Month 5:10 PM Jackson 97 sur ela /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** EVER green Musing 5. Social Security Number 6. Se + Rehab Center 3 pl tracone If Undar 24 Hrs. 8. Date If Undar 1 Year 8. Data of Birth (Month, Day, Year) 6. Sex 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** Months Days Hours 12 M 2□ F 225-16-525 Director Usuel Rasidence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location "natural", or items 23s or 28s-f show permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylat Deperment of Health end Mental Hygiene. Important: If time 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Magical Examines mant be notlined as 10d. Inside/City Limits Ma Director 1 Yes 2 No 10e. Street and Number 10f. Zip Cods 10g. Citizen of Whet Country? 21215 Park S Hve Iteights Funeral 12. Was Decedant Evar in U.S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give 5-21-42 to Year or Detas: 11-15-45 Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cyben, Maxicen, Puerto Rican, atc.) 11. Maritai Status 14. Race - Amaricen Indien, Bleck, White, atc. 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify. Completed by Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedant's Usuel Occupetion (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Sacondary (0-12) Collaga (1-4er 5+) Unknown ayer 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Malden Sumeme) Be Henry Jackson Rache 19a. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Robert Jackson Sr 3940 Park Heights Ave Baltimore, Md brother 20b. Pleca of Disposition (Neme of cemetery, cramatory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stata Barrison Forest 4-7-97 Owings Mills 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Address of Facility March FIH - WCH 21. Signetura of Funeral Sarvice Licensee sabrelle 4300 Wabash Ave 23a. Pert1. Enter the disaase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximeta intervei Between Onset end Deeth **Physician** /Medical immediate Cause (Finei diseese or condition rasulting in deeth) Examiner Due to (or as e consequenca of) Examiner igned by the ettending physician and be detached for use as the buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseese or Injury that initiated avants resulting in daath) Lest Dua to (or es e consaguance of) Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the ceuse of death? signed by 1 ☐ Yes 2 ☐ No 3 Probably 4 DUnknown þ 24b. Were eutopsy findings availabla prior to completion of ceusa of daath? director, page 2 should Be Completed 24a. Was en eutopsy + hes r certificate 1 ☐ Yes XX No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours eiter death.

To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Wes casa rafarred to medical 26. Placa of Daeth (Check only ona) Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 ☐ inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of tnjury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? injury 5 Panding 1 ☐ Yas 2 ☐ No 2 Accident investigation 3 Suicide 6 Could not be datarmined 28a. Pleca of Injury - At home, ferm, straat, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physicien: To the best of my knowledga, daeth occurred et the tima, data end piace, and due to the ceuse(s) end mannar es statad.

2 Medical Exeminer: On the basis of axaminetion end/or investigation, in my opinion, daath occurred at the time, date end piace, and due to the ceuse(s) end menner stated. 29a, Certifler 29b. Signature and title 29c. Licansa number 29d. Data signed (Month, Dey, Year) V inpleted causa of daath (Item 23a) (Type, Print) 1838 Green 31. Date fil Pegistrar's Signeture State Registrar

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Reg. No 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** BERNARD **JOHNSON** APRIL 1997 8:16P.M. /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner OHNS HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE :/a 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funeral Months Days Hours 10M 20 F 28 219-74-4685 Yrs Director 26, 1968 Aug. MD Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits MD Director Baltimore 1 Yes 2 No Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 703 S. Avondale Rd. 21222 death Funeral USA 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. e filed within 72 hours after al Hygiene.

other than "natural", or ite 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 对 Never Married 2 ☐ Married Maryland 21215-0020 Specify: ð 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12th n/a n/a 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be permit. Peges 1 end 2 should be f Department of Heelth end Mental I Important: If item 27 is marked of any injury or other traumetic eve Arnold C. Edwards Nafroth A. Linda Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nafroth Linda Johnson/mother 703 S. Avondale Rd. Balto., MD 21222 Baltimore, 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date ₹□Burial 2 □ Cremation 3 □ Removel from State Voshell Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 4/17 Baltimore, MD 21. Signatu of Funeral Servica Ljeensee 22. Name and Address of Facility James A. MOrtn & Sons Funeral Home 1701 LAurens St. BAlto., ND 21217 23a Parti crief the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, mock or heart failura. List only ona causa on each line. Approximata Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Finel NARCOTIC AND COCAINE INTOXICATION disease or condition resulting In death) Examiner Due to (or es e consequenca of): Examiner be executed buriel-transit Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Causa (Disease or Injury that Initiated events resulting in daath) Last and Due to (or as a consequence of): physician a Box 68760, Physician/Medical Due to (or as a consequence of): 98 ding ò P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. deteched 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy peen completion of cause of death? certificate hes page 1 SYes 2 □ No 1 TYes 2□ No Division of Vital Physician: director. 25. Was case referred to medical Be 26. Place of Death (Check only ona) exeminer? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P this funeral 28b. Time of Injury To the Hospital or Attending Pt within 24 hours efter deeth. To the Funeral Director: After th completely filled in by the funeral Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1□ Yes KNo Found 4/12/97 Unknown 2 Accident Unknown Could not be datermined 28f. Location (*Street and Number or Rural Route Number, City or Town, State*) Bayview Medical Center Baltimore, Maryland 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)
Found outside of hospital 4 Homicide Medical 29a. Cartifian 1 Cartifying Phyalcian: To tha bast of my knowledge, death occurred at tha time, date and placa, and due to the causa(s) and manner as stated. 20 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and magner_stated. (Check only one) 29b. Signature and title of certifian 29c. License number 29d. Date signed (Month, Day, Year)

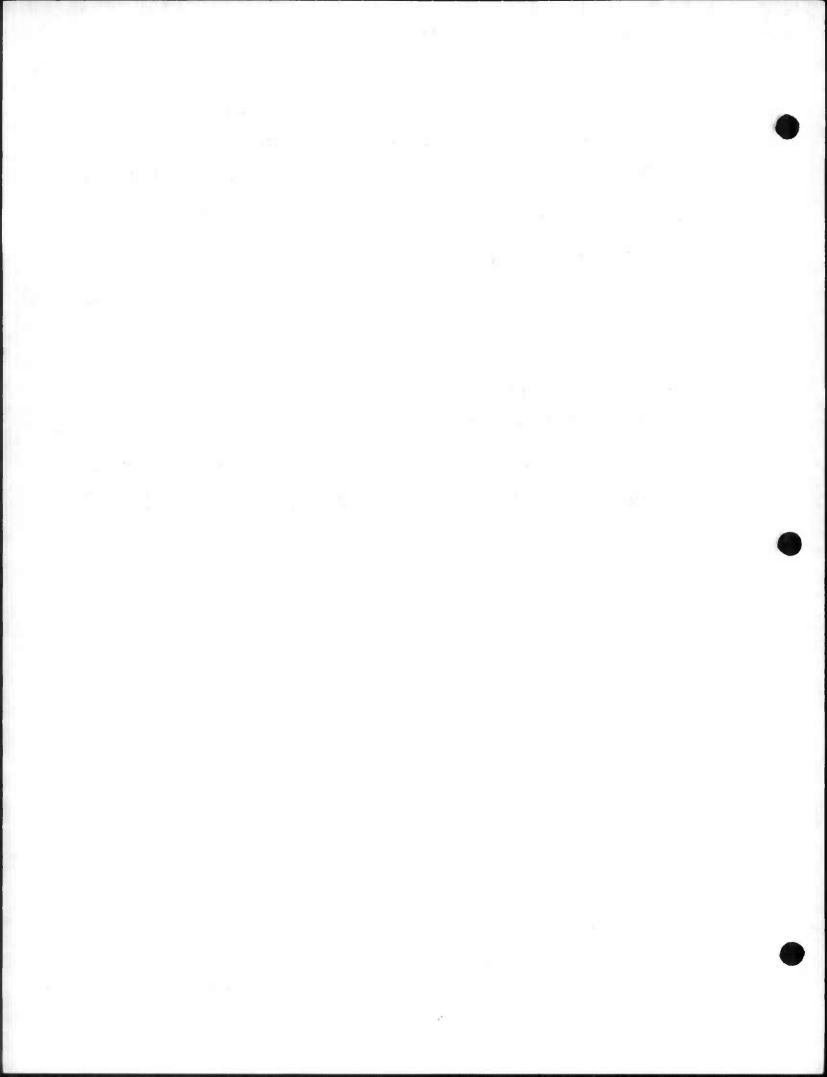
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Powler 111 Penn Street, Baltimore, Maryland 21201 3 Registrar's Signature

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

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APRIL 13,1997

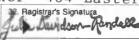


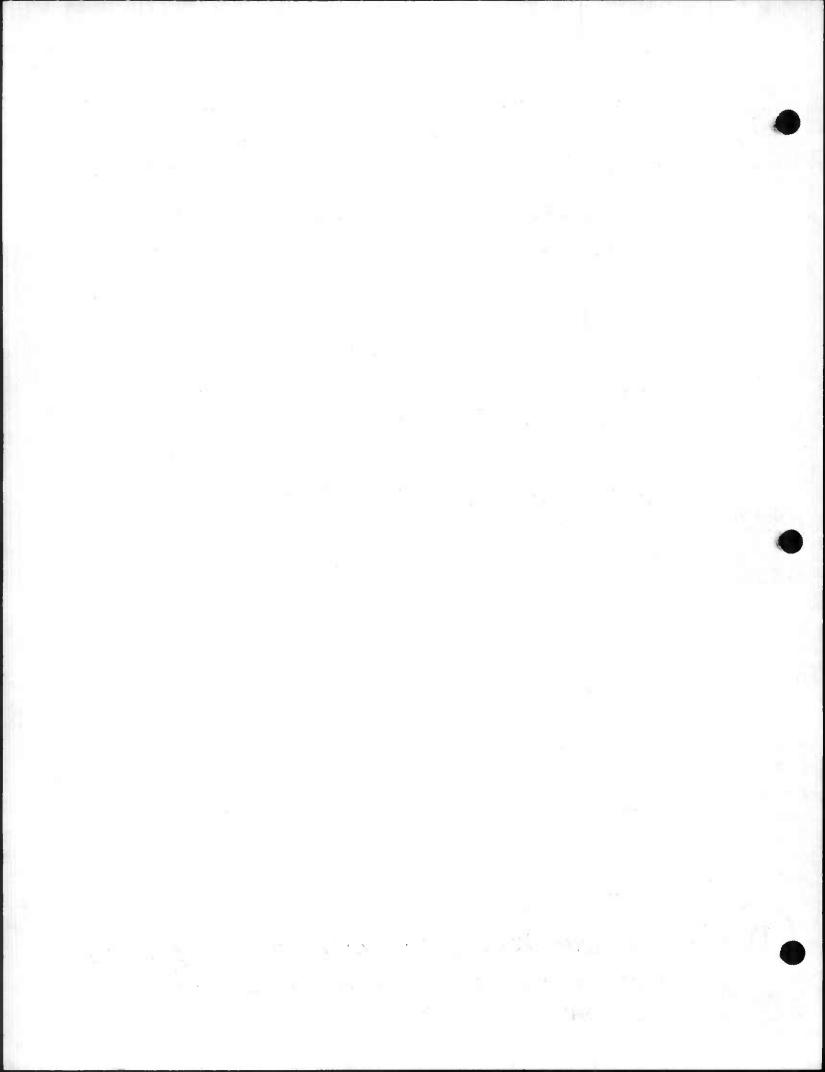
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State of Maryland / Department of Health and Mental Hygiene 97 11336

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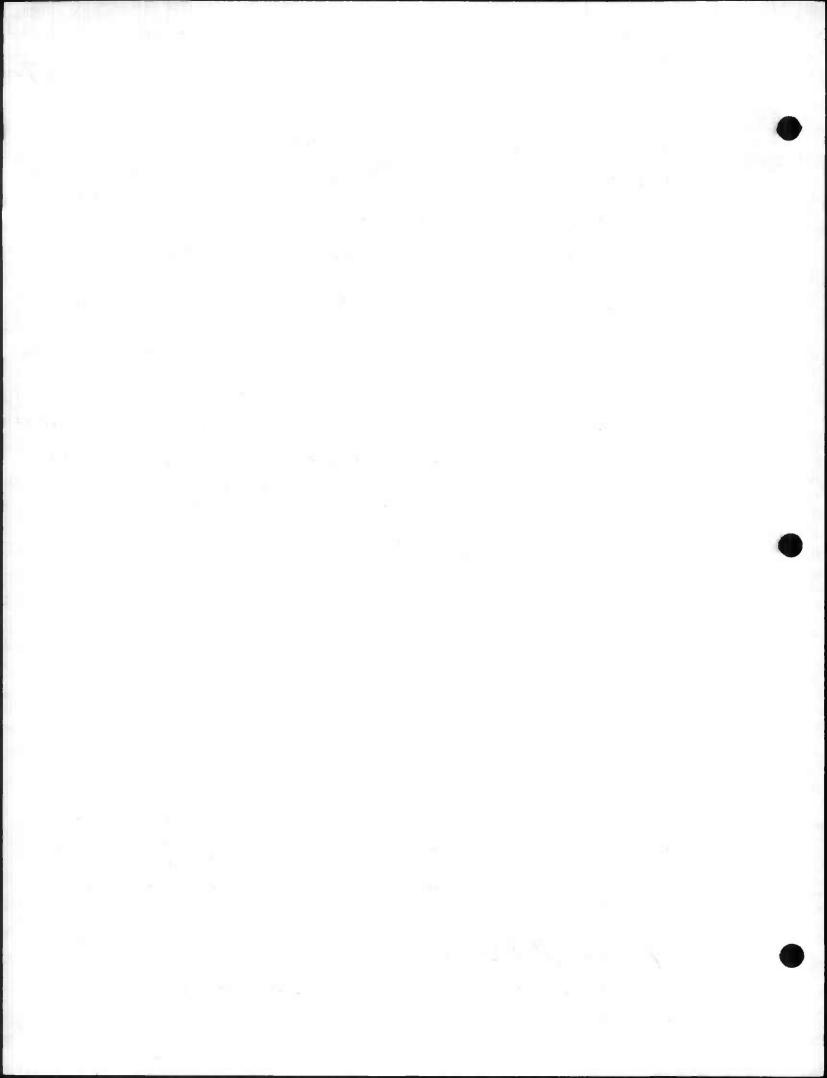




Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item:21 per V.R. G-750 8/13/97 dh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Pauline Elizabeth Greene Johnson 1997 March 15, 17:07 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Princess Anne Somerset White Haven Ferry Road 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Devs Months Min. Hours Yrs **Director** 69 213-22-4940 Usuai Residence of Decedent 6 - 1 - 27White Haven Rd P.A. MD 10d. Inside City Limits the Marylend 10a. State 10b. County 10c. City, Town or Location ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2√ No Director Princess Anne MD. Somerset 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21851 28349 White Haven Road death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. hours efter 1 Never Merried 2 Married Yes, Give Baltimore, Maryland 21215-0020 1☐ Yes 2☐No Specify: þ Specify. 3 ☐ Widowed 4 ☑ Divorced Year or Dates: Black Completed be filed within 72 ho lel Hygiene. Jother than "natur 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Bridge Toll Collector 11th Laborer permit. Peges 1 and 2 should be filed Department of Health and Mental Hyg Important: If item 27 is marked other any Injury or other traumatic event, 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) 8 Sadie J. Waters Alonzo Greene 19a. Informant's Name/Reletlonship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2725 S.W. 27th Ave. Apt. #Q4, Gainesville, Fla.32608 Paula L. Johnson 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 3 - 25Princess Anne, MD Mt. Zion UM CH. CEM. 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Jolley Memorial Chapel; 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Ap Approximete Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medicai Drowning Examiner Due to (or es a consequence of): Physician/Medical Examiner g physician and es the buriel-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760 Due to (or es e consequence of): 80 for use es P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. ed by the deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Alzheimer's Disease signed b Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed peeu page 2 hes certificate Yes 2□No ty Yes 2□ No Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Scene Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2□ No Certification: To this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred To the Hospital or Attending P within 24 hours effer death.

To the Funeral Director: After it completely filled in by the funera After 5 Pending investigation 3:00°M 1 Naturai subject walked along river and for Lobation Market Market or Rural Route Number, City or Town, State) found 3-15-97 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homiclde Wicomico River White Haven Ferry Road Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and manner as stated Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) March 16, 1997 OCME 30. Name and address of person who completed cause weeth (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland Theodore M. King, M.D. 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State lia Davidson AUG 1 3 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Maryland / Department of Health and Certificate of Death		iene 97		338
į	Physic /Medi		Decedent's Name (First, Middle, Last) RUSSELL LONG	2. Date of Deet Month APRIL	h	ear	me of Death
	Examir		2813 PRESSTMAN STREET BALTIM			Death J / A	
	Funeral Director		5. Social Security Number 6. Sex 14-65-4559 17 M 2 F 7. Age (In yrs. last birthday) 4	n (Month Day	1955 N	Birthplace (S Country) ORTH	tate or Foreign
Baltimore, Maryland 21215-0020	nit. Pages 1 end 2 should be filled within 72 hours after deeth with the Maryland pertinent of Health and Mental Hygiena. ortant: if item 27 is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, the Medical Examiner must be notified at its.	To Be Completed by Funeral Director	10a. Stete 10b. County MARYLAND N A BALT I MORE 10e. Street end Number 2 8 13 PRESSTMAN STREET 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 1	Specify Yes or No- into Ricen, etc.) orking ame (First, Middle, Marial Route Number, UNG AVA Date	Black, Specify: \$16b. Kind of Busin DIGGS B Melden Sumeme) BELL City or Town, Sta E., BAL 20c. Location - City	American India White, etc. B L AC Dess/Industry ARBCR A M V Ste, Zip Cdde) TO, MD y or Town, Ste	SHOP
,000	Centificate be executed by Amalian and Implementation and Implementati	lical Examiner	23a. Part 1. Envertised Licensee 23a. Part 1. Envertised Licensee 23a. Part 1. Envertised Licensee 23a. Part 1. Envertised Licensee 23a. Part 1. Envertised Licensee 25a. P	ac or respiratory arre	131,	Interve	2/2/2/cimate Il Between and Death
records, P.O. Box os	s law requires that the death certific hes been signed by the attending p je 2 should be datached for use es.	Completed by Physician/Mec	d Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Diabetes		autopsy 2		42 Unknown psy tindings rior to
MINISTOTI OF VITAL	ital or Attending Physician: The mater death. The Contificate has contificate has been only the funaral director, page	Certification: To Be	examiner?	eath (Check only one Home XXResider 28d. Describe ho	nce 6 Other (w injury occurred		2□ No Number,
	Now the Function of Control of Co	Medical	29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place (Check only one) 29b. Signature and title of certifier 29c. License number O.C.M.E 30. Name end eddress of person who completed cause of deeth (Item 23m) (Type, Print) Stephen 5, Cadeniz Mp 11 Penn Street, Bal 31. Date filed (Month, Day, Year) APR 15 1997	urred at the time, da	te and place, and d. Date signed (N	due to the cat fonth, Day, Ye	ar)) 7

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97-1443-510 97-076 B.K.S

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Deys

10f. Zip Coda

120

2. Dete of Deeth

29,

1997

4c. County of Deet

10g. Citizan of Whet Country?

Specify:

16b. Kind of Business/Industry

14. Race - Amarican Indian, Black, Whita, atc.

Iac K

Approximate Intervel Between Onset end Deeth

Physician
/Medical
Examiner

1. Decedant's Neme (First, Middle, Last)

MARCH 4b. City, Town, or Location of Death

BALTIMORE

if Under 24 Hrs.

Month

0751AM

10d. inside City Limits 1 Des 2□ No

Grolino

9. Birth piece (Stata or Foreign

and physician is the burtal attending signed by to this certificate After death. after death Director: hours

ROBERT ANTHONY LOVE 4e. Facility Nama (If not institution, give street and number)
JOHNS HOPKINS HOSPITAL If Undar 1 Year 5. Sociel Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 120M 2□ F 577-82-628 Usuai Rasidence of Decedent Yrs. Director the Maryland 10a. State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelih and Mental Hygiene. Improctant: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, its Modical Expuries mail or notified at any injury or other traumatic event, its Modical Expuries mail or notified at Director 10e. Street end Number Funeral 12. Was Decedent Evar in U.S. Amed Forces? 1 M Yes 2 No 179s, Giva Yeer or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 1 Never Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 000No py 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda complated) Elamantary/Secondary (0-12) College (1-4or 5+) 3 -a bo 17. Fether's Neme (First, Middle, Last) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) 24 FOO UUGA 20a. Method of Disposition ove-wife 3430 Jeffer

20b. Place of Disposition (Name of cemetery, cremetory or other place) Buriel 2 Cramation 3 Remove from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetura of Funaral Service License 23a. Pert1. Entar tha diseese, or condications that caused the deeth. Do not aniar tha mode of dying, such as cardiac shock, or heart feilure. List only one cause on each line. **Physician** /Medical immediate Ceuse (Final diseese or condition rasulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical þ Completed å 25. Was case referred to medical 2 XX Yes 2 No

Cocaine intoxication Dua to (or es e consequance of) Due to (or es e consequence of): Due to (or es a consequence of): Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? No 3 Probably 4 Unknown 1 Yes 24b. Wara autopsy findings eveilable prior to completion of causa of daeth? 24e. Wes en eutopsy performed? 1 Yes 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatient 2XXR/Outpetient 3 DOA 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending investigation 1 DNatural 3-29-97 Unk. 1 Yes 2 No Unknown 2 Accident 6X Could not be determined 3 ☐ Suicide 28a. Plece of injury - At homa, farm, street, factory, office building, etc. (Specify)
UNKNOWN 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) UNKNOWN 4 Homicide 29a. Certified 1 Cartifying Physicien: To the bast of my knowledge, death occurred et tha time, data and place, and due to the ceuse(s) end menner es steted.

**Chief Cartifying Physicien: To the basis of examinetion end/or investigation, in my opinion, death occurred et tha time, date end place, end due to the ceuse(s) and menner steted. Medical 29b. Sa 29c. Licansa number 29d. Date signed (Month, Dey, Year) O.C.M.E MARCH 30, 1997

State Registrar

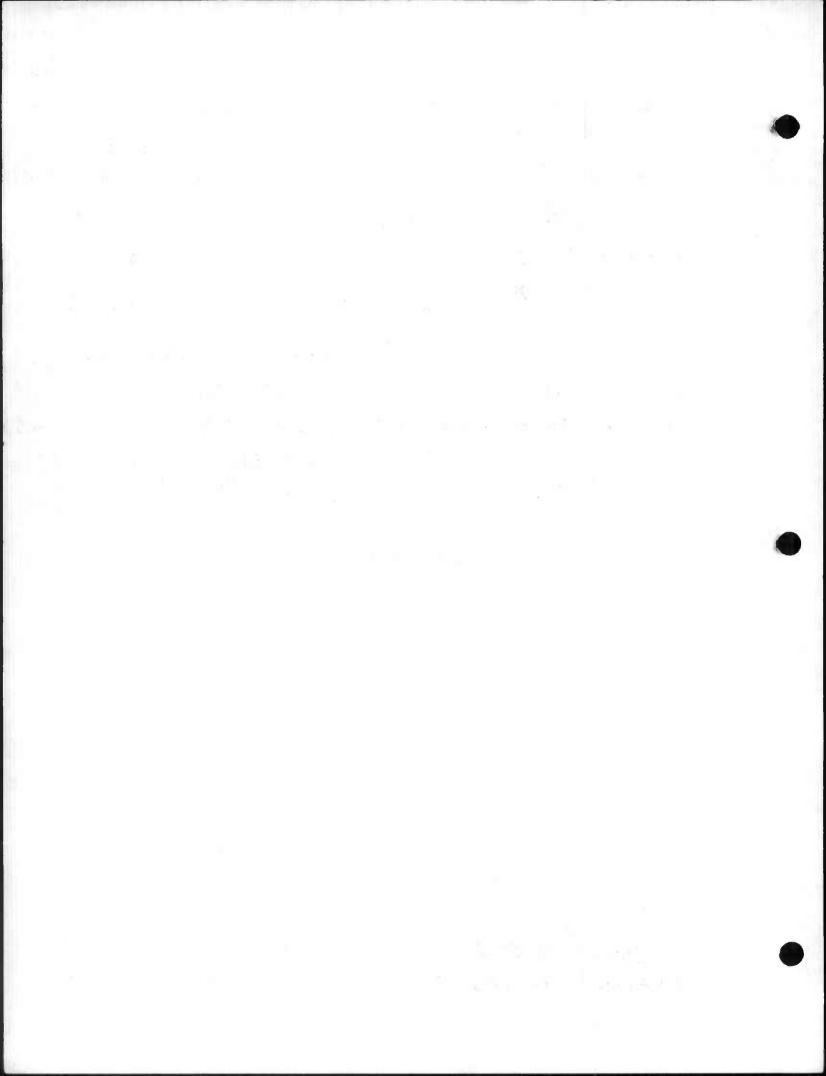
he and address of person

31. Date filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature wha Davidson Randall

who completed cause of death (Item 23e) (Type, Print)

To the Pur 4



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month 14:31 Ray Edward Lee March 18,1997 /Medicai 4a. Fecility Nama (If not institution, giva street end numbar) 4b. City, Town, or Location of Daath **Examiner** 4c. County of Deeth Washington County Hospital Hagerstown If Undar 24 Hrs. 8. D Washington If Undar 1 Yaar 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Days Months Hours Yrs. 70 Director 200-14-2910 May 8, 1926 unknown Usuel Rasidance of Decedent the Maryland Show 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Department of Heelih and Menlath Hygiene. Inmoortant: If them 27 is marked other than "natural! or thems 23s or 28s-f show any injury or other traumatic event, the teaches Examine the must be notified. Director unknown unknown 1 ☐ Yes 2 ☐ No unknown 10e. Street end Number 10f. Zin Code 10g. Citizan of What Country? unknown unknown U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forcesanknown 1 ☐ Yes 2 ☐ No If Yas, Giva Wes Dacedant of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 11. Maritel Status Race - Amaricen Indian, Bleck, Whita, atc. 1 Navar Marriad 2 Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: White by 3 Widowed 4 Divorced Yeer or Datas Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) unknown unknown unknown unknown altimore. Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Sumama) Be unknown 2 unknown 19e. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ray Lee, Jr/son Rt. 4, Box 58, Everette, Pennsylvania 15537 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Steta 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☑ Donation 5 ☐ Othar (Spacify) Signatura of Funeral Sarvice Licansee 22. Nama and Addrass of Facility Man doseph B State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. in 11. Entar tha disease, or complications that causad tha daath. Do not antar tha mode of dying, such as cerdiec or raspiratory arrest, shock, or heart tailura. List only one ceusa on each line. Intarval Between Onset end Death **Physician** /Medicai Immedieta Cause (Final disease or condition rasulting in daath) **Examiner** Physician/Medical Examiner MMMULLICATING Sequantially list conditions, if any, leading to Immediate ceusa. Enter Undarlying Ceusa (Disaasa or Injury thet initieted avents rasulting in daath) Last 89 The law requires that the death certific ettending PRUMUMIA Box Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobecco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, by 8 Be Completed 24b. Were eutopsy tindings eveileble prior to completion of cause of death? 24a. Was an autopsy performed? ON PHORMS VASLULAR DZ this certificate 2id No 1 ☐ Yas 2 ☐ No Division of Vital septal or Attending Physician: Theory after death. Theory after death. The septal process of the septal director, per y filled in by the funeral director, per process of the septal director 25. Was casa ratarred to medical 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Certification: To 1 Yes 2 No T-Inpatiant 2 ER/Outpatient 3 DOA 28a. Data ot Injury (Month, Day Yaar) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 28a. Place of Injury - At homa, tarm, streat, tactory, office building, etc. (Specify) 3 Suicida 28t. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homleida To the Hospital within 24 hours a To the Funeral Completely filled Medicai 29a Certiflai 1 🗹 Certifying Phyalcien: To tha best of my knowledge, daath occurred at the time, data and place, and due to the ceusa(s) and mannar as stated. 2 Medicat Examiner: On the basis of axaminetion end/or invastigetion, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner stated.

29c. Licanse number

who complated cause ot deeth (Item 23e) (Type, Print)

July 32 Registrar's Signatura

29d. Data signed (Month, Day, Year)

State Registrar 29b. Signatury and title of certifier

onth, Day, Yaar) 4 1997

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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7	L	3	1.	ł
1		3	L	U

 Birthplace (State or Foreign Country) BALTO., MD

> 10d. Inside City Limits 1⊠ Yes 2 No

Approximete Interval Between Onsat end Deeth

2260

3. Time of Death

2:20 P.M.

	Physician /Medical Examiner		Decedent's Nem HERMAN		lle, Last) E LOTTERE	R							2. Dete of Do Month APRIL		Dey	Yeer . 997	3. Time 2:2	
			As Facility Name (Many facility of the control of t									Location of Deeth 4c. County of Deeth						
	Funeral Director		5. Sociel Security 216-16-9	6. Sex 1X M 2□ F	Sex 7. Age (In yrs. last			yrs. If Under 1 Y		if Under		8. Date of Bi (Month, D SEPT 12	irth ey, Y		9. Birth	9. Birthplace (State Country) BALTO.,		
	ith the Maryland or 28a-f show	tor	Usuel Residence of 10a. State MD	10b. Count			10c. City, To		cation MORE								10d. Inside	
ith with the 23s or 28s	Funeral Director	10e. Street end Number 10f. Zip Code 7013 GOUGH STREET 21224								10g. Citizen of Whet Country? U.S.A.								
020	Maryland 21215-0020 d.2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. T is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examiner must be notified at	Completed by Fune	11. Meritai Stetus 1 Never Married 2 Narried 3 Widowed 4 Divorced 12. Wes Decedent Ever in U Armed Forces? 1 Never Married 2 No If Yas, Sive Year or Detes: WW					if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yas 2 ☑ No Specify: Specify:								ce - American Indien, ck, White, etc.		
21215-0			15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) Collega (1 12TH GRADE				5+) 16a. Decedant's Usuel (Giva kind of work life. DO NOT use SHOP FORE)			rk done se retire	during mos d)	st of wor	king	16b. Kind of Business/Industry TRUCKING COMPANY				
/land	s 1 and 2 should be filed within f Health and Mental Hygiene. tem 27 is marked other than other traumetic event, the M	To Be C	17. Fether's Name (First, Middle, Last) GEORGE LOTTERER 18. Mother's Name (First, Middle, Meiden Sumeme) AGATHA MILLER															
2	ss 1 and 2 sho of Health and 1 item 27 is me		19e. Informani's Neme/Relationship (Type, Print) CHARLOTTE L. LOTTERER(WIFE)				1	19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) 7013 GOUGH STREET - BALTIMORE, MD 21224										
imore	Pages 1 and 3 ment of Health ant: If Item 27 I ury or other tr			sposition C Cremation 3 Removel from State 5 Other (Specify)			cemet	20b. Placa of Disposition (Name of cemetery, cremetory or other place) LOUDON PARK CEMETERY 4					Dete 20c. Location - City or Town, Ste /15/97 BALTIMORE					
Balt	permit. Pages Department of Important: if it any injury or once.		21. Signature of F	uperel Service	Licensee	n	on	H	BBAR	D FU		HOI	ME INC.	MOE	RE, MD) 2	1229	
	Physiclan /Medical Examiner	ar.	23a. Part. Enter struck, or her Immediate Ceuse disease or condition resulting in death)	(Finel	r complications thet t only ona causeron	no	the death. Do	oti	EL		V2		or respiretory	1		Disu	Approxim Interval B Onsat en	
760,			Sequentially list of if any, leading to it cause. Enter Und Cause (Diseesa of that initiated event	onditions, mmediate erlying r Injury	b. Dua to (or es e consequenca of): C. Due (o (or es e consequenca of):													
O. Box 68760,	I me death certificate be by the attending physicia tached for use as the bur		Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. DI								23b. Dld	toba	occo use co	ntribute	to the caue			
	fight the	th's								,			10	Yee	2□ No	3 Pr	obably 4	

se contribute to the cause of death? No 3 Probably 4 4 Unknown Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evellebla prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 28. Plece of Deeth (Check only oga) examiner Hospital: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Naturel
2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one) 12 Certifying Phyelcian: To the best of my knowladge, death occurred at tha time, date end plece, end due to the ceuse(s) and mennar as steted. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end dua to the cause(s) and menner stated.

29b. Signature and little 29d. Date signed (Month, Dey, Year)

30. Nama and address of person who complated causa of death (Item 23a) (Typa, Print)

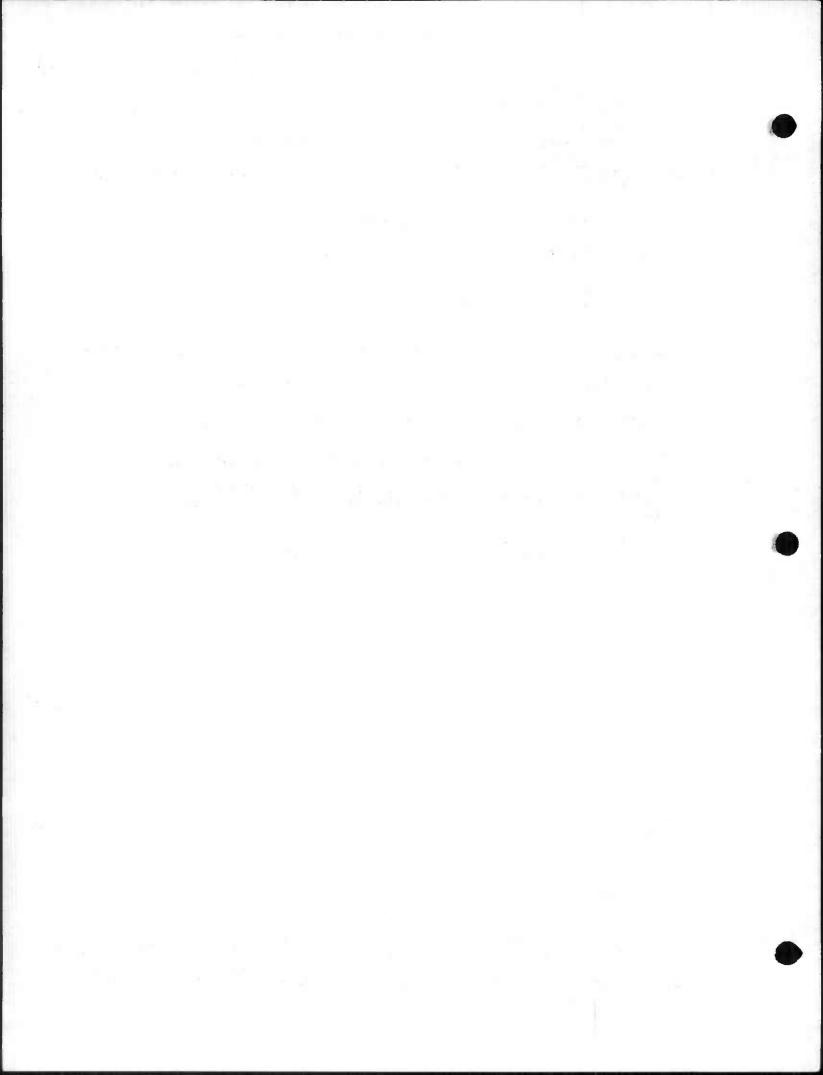
DR. CHARLES F. O'DONNELL - 111 HAMLET HILL - APT-408-BALTIMORE, MD. 21210

State Registrar 32. Registrar's Signature

Division of Vital Records.

certificate

10.0



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) **Physician** 4e. Fecility Name (If not institution, give street and number) LAWSON 10/ 6:00AM 97 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bacto. LAKE Wood 4/e If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex 9. Birthplece (Stete or Foreign Country); 5. Social Security Number 7. Age (In yrs. lest birthday) **Funerai** 216-58-3486 Usuel Residence of Decedent 47 Yrs. Director the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside Oity Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any Intury or other traumatic event, its Medical Example must be notified as any Intury or other traumatic event, its Medical Example must be notified as Md. 1 Yes 2 No Director BALTIMOre 10e. Street end Number 10g. Citizen of Whet Country? U.S.A. LAKE WOOD AVE,

12. Was Decedent Ever In U.S.

Armed Forces? 21205 502 Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Married 2 Married 1□ Yes 21 No Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Truck DRIVER LEVINSON+ KLIEN 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) HARRIS ALBERT LAWSON 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DIANE LAWSON-WIFE 502 LAKE Wood AVR. BAHO, Md. 21205 20e. Method of Disposition Date 20c. Location - City or Town, Stete VOSCHELL CEMELERY 4/16/97 BALto. md.

22. Name and Address of Facility
1639 N. Broadway 13 ALto. md. 21213. 1 Burial 2 Cremetion 3 Removel from Stete 4 Donatton 5 Other (Special) 21. Signature of Fungral Service Liberage JEFFMillER P.C. FYNERAL HONE + SERVICE 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlac or respiretory errest, shock, a heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) Cirrhosis of liver Examiner Due to (or es e consequence of) Examiner physician end s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed 1□ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes cese referred to medical exeminer?

1 Yes 2 No 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Home 5 A Residence 6 □ Other (Specify) funeral Medical Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Naturel To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner stated.

Evic Nueva Derger, Town 110,600 N. Wolfe St. Beto MS 21287
31. Date filed (Month, Day, Year)

APR 15 1997

32. Floretra's timeline

April 1997

29c. License number

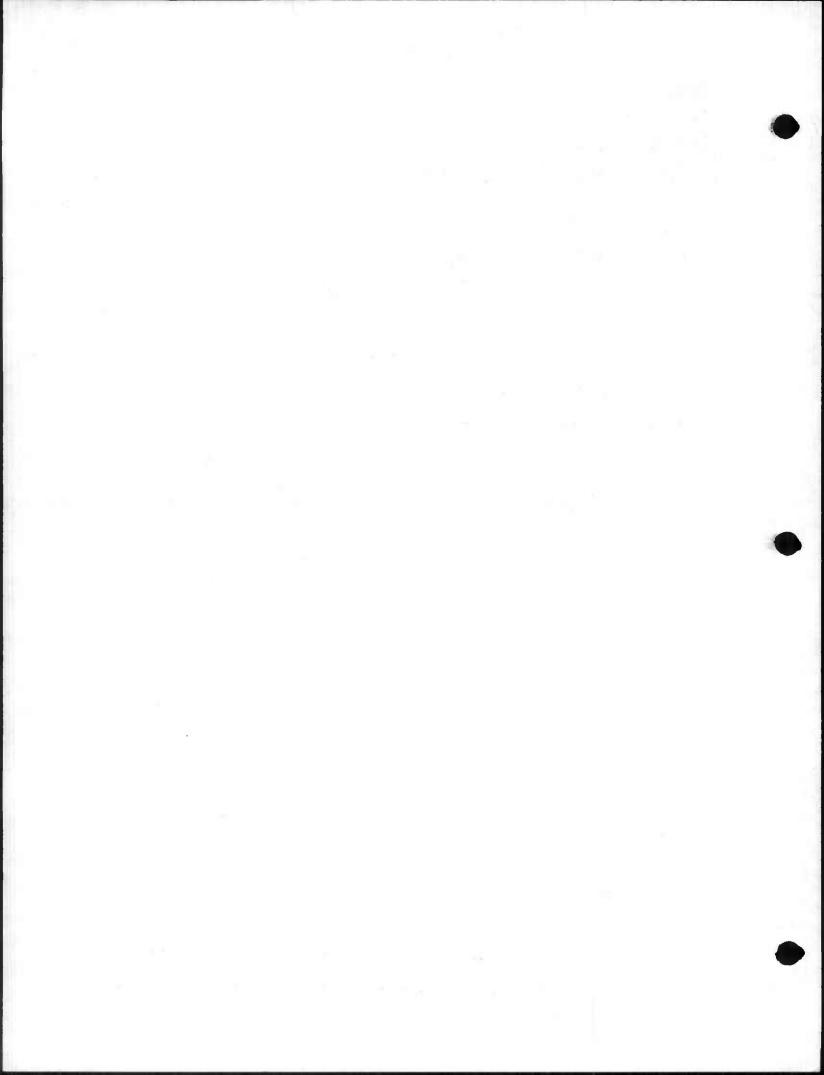
P-10433

29d. Date signed (Month, Dey, Yeer)

State Registrar 29a. Certifier

29b. Signeture end title of certifier

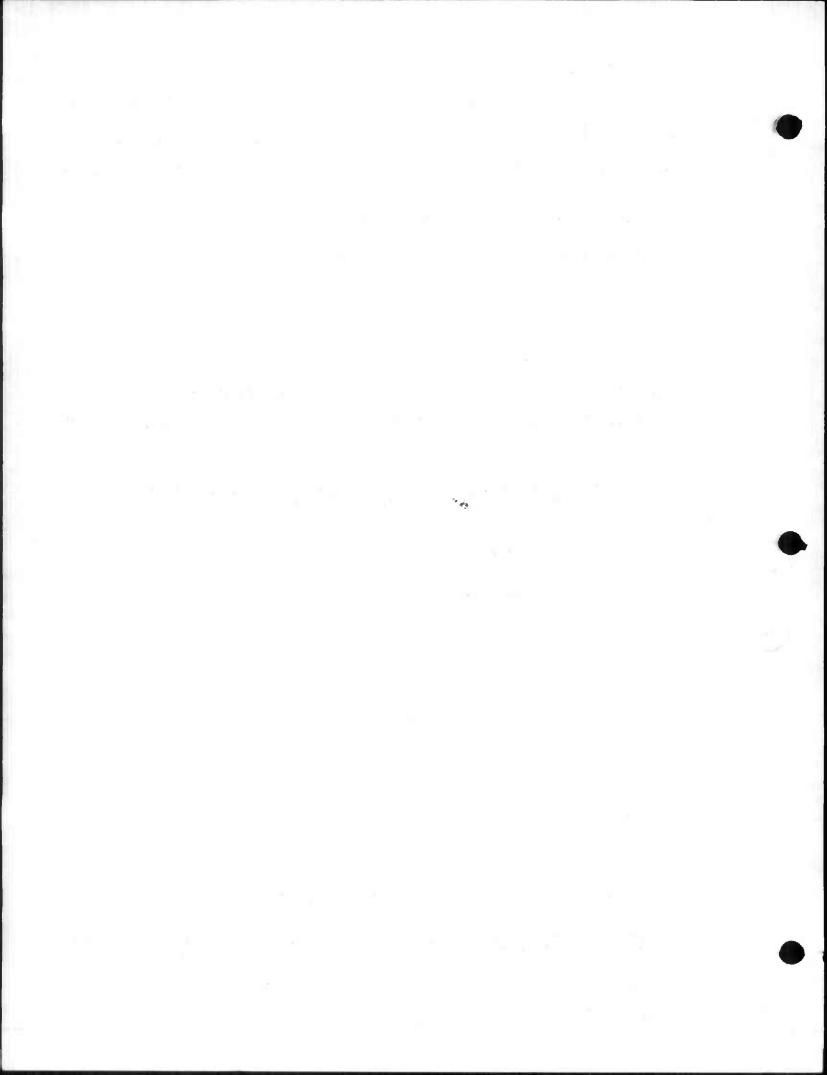
30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)



		ITEM#18 PER F.H. FLM#G	State of Maryland 746 4/16/97 J.A.			f Health and I of Death		giene (7 1343
Dhuais	ian	Decedent's Name (First, Middle, Last					2. Data of Date Month	ath Day	3. Time of Leath
Physic /Med		MARY	MORRIS			19	APRIL		997 7:53 AM
Exami	ner	4a. Facility Name (If not institution, give				4b. City, Town, or I			y of Death
		St. Agnes Hospit			Williams 4 M	Baltimore			timore City
Funeral Director		5. Social Sacurity Number 6. S 228-38-9547 1 Usual Residance of Decedent	ax □ M 2⊠ F 64	est birthday) Yrs.	If Under 1 Ya		8. Data of Birt (Month, Day May 6,	1932	9. Birthplace (State or Forei Country) North Carolir
and and		10a. State 10b. County	10c. City	, Town or Lo	cation				10d. Inside City Limit
the Marylar 7 28a-f show	ctor	Maryland /Balti	more Bal	timore	County	7			1 □ Yas 2 🐼 N
F 92	Dire	10e. Street and Number			10f. Zip Cod	de		10g. Citizan of	What Country?
ath w	ra	16 Fustings Road		-	2122			U.S.A	•
-0020 hours after death with the Maryland turel', or ttems 23s or 28s-f show at Examiner must be notified at	by Funeral Director	Marital Status □ Never Married 2 Marriad □ Widowed 4 Divorcad	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give			of Hispanic Origin? (S Cuban, Mexican, Puert No Specify:	pecify Yas or No- o Rican, etc.)		ca - Amarican Indian, ick, White, etc. fy: Black
21215-0020 d within 72 hours aff glena. In than "naturel", or the Medical Engine	Completed b	15. Decadent's Ed (Specify only highest gre		16a. Deced	lent's Usual Oc	ccupation one during most of wor tired)	dkina	16b. Kind of B	iusiness/Industry
within ene.	nple	Elementary/Secondary (0-12)	College (1-4or 5+)			tired)	Va.iA		
nd 2	S	8	0	un	known				known
Dance find the first of other several	Be	17. Fathar's Name (First, Middla, Last)					ne (First, Middle,		
re, Maryland is 1 and 2 should be filed if Haalth and Mental Hyg tem 27 is marked other traumatic event,	To	Elijah Phelps 19a. Informant's Name/Ralationship (7)	Type Print!	10h Mailia	a Address /Ct	Emma I	Baxton		
Mar d 2 sho th and 7 is m		Linda Morris/daugl							land 21225
other tr		20a. Method of Disposition	20b. Pi	aca of Dispos	sition (Nama or netory or other	f	Data		- City or Town, State
Baltimore, simit. Pages 1 at Department of Hea Important: If Item: my injury or other most.		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☒ Donation 5 ☐ Other (Specify							
Bal Departiment Import		21. Signature of Funeral Servica Licen Seph. B	Van Sant			ddress of Facility	J 655 t	r n 1.	
- 402 - 0		Boys B. 96	fent.	Ba	1timor	e, Marylan	d 21201	. Balt:	imore Street
Physician		23a Pm1. Enter the disaase, or comp shock, or haart failure. List only o		. Do not ente	er tha moda of	dying, such as cardiac	or respiratory ar	rest,	Approximate Interval Between Onsaf and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Myocord. Due to (or Due to (or Due to (or	al Fi	faret	704			1hr
	ĕ		Due 10 (01	as a conseq	uance or):	1000	1		
ransi	Examine	Sequentially list conditions,	b. Loronar Due to (or	as a conseq	uence of):	0/3 6430			
		Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Causa, (Disaase or Injury							
	dicai	that Initiated events rasulting in death) Last	c. Due to (or	as a consequ	uence of):				
Box 68 leath certiful attending phy of for use as th	Physician/Med		d						
, P.O. Box that the death cert led by the attendin detached for use	Iciar	Darf II Other algorithmet conditions as	atribution to death but not sour	iting to the	ded the second	salas la Dani I	005 014	-t	A Abo access of deep
P.O.	hys	Part II. Other algnificant conditions co				i givan in Part I.			ontribute to the cause of death 3 Probably 4 Unkno
S, Pas that as that igned to be dete	by P	Cerebiovo	sculor acc	ideu	7		'''	ras 2 INO	3 Probably 42 Dikno
cord requir	Completed b							an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
The law ata has page 2	E						101	es alla	1 ☐ Yes 2 ☐ No
Vital F sicien: The certificate irector, pag	BeC	25. Was case rafarrad to medical				26 Place of Dec	ath (Check only o		10 163 20 100
	To B	examiner?	Hospital: 1 ☐ Inpatiant 2 🛣 I	ER/Outpatien	1 3□ DOA	Other:	ome 5 Resid		ner (Specify)
afing After fune		27. Mannar of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident invastigation	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. I	njury at Work? 1 □ Yes 2 □ No	28d. Describe h		
Division or Attending after death. Director: After d in by the fune	Certification:	2 Accident Invastigation 3 Suicida 6 Could not be 4 Homicide determined					28f. Location (5 City or Tox	Straet end Num vn, Stete)	ber or Rurel Routa Number,
Divisit To the Hospital or Attence within 24 hours after death To the Funeral Director: completely filled in by the	edical Ce	29a. Cartifier N€ CertifyIng Phy (Check only one) 2 Medical Exam	rsician: To the best of my know linar: On tha basis of axaminati and manner stated.	vladga, daath ion and/or Inv	occurred at the	a time, date and placa ny opinion, daath occu	, and due to that rred at the time,	causa(s) and m date and place,	annar as stated. and dua to the causa(s)
Vithin To the young	Me	29b. Signatura and title of certifiar	_/		100000000000000000000000000000000000000	ense number		29d. Data signe	ed (Month, Dey, Year)
- 3 - 0		Alendrie	Jan	an	-6	121256		April	4 1997
		30. Name and address of person who o	omplated causa of daath (Item	23a) (Type I	Brint)	11	, ,	- /	
		Theodore &	larrison S	St. F	fane	5 HOS.	pital		
St	ate	31. Date filed (Month, Day, Yeer)	32. Registrar's Signat	ure	J				

State Registrar

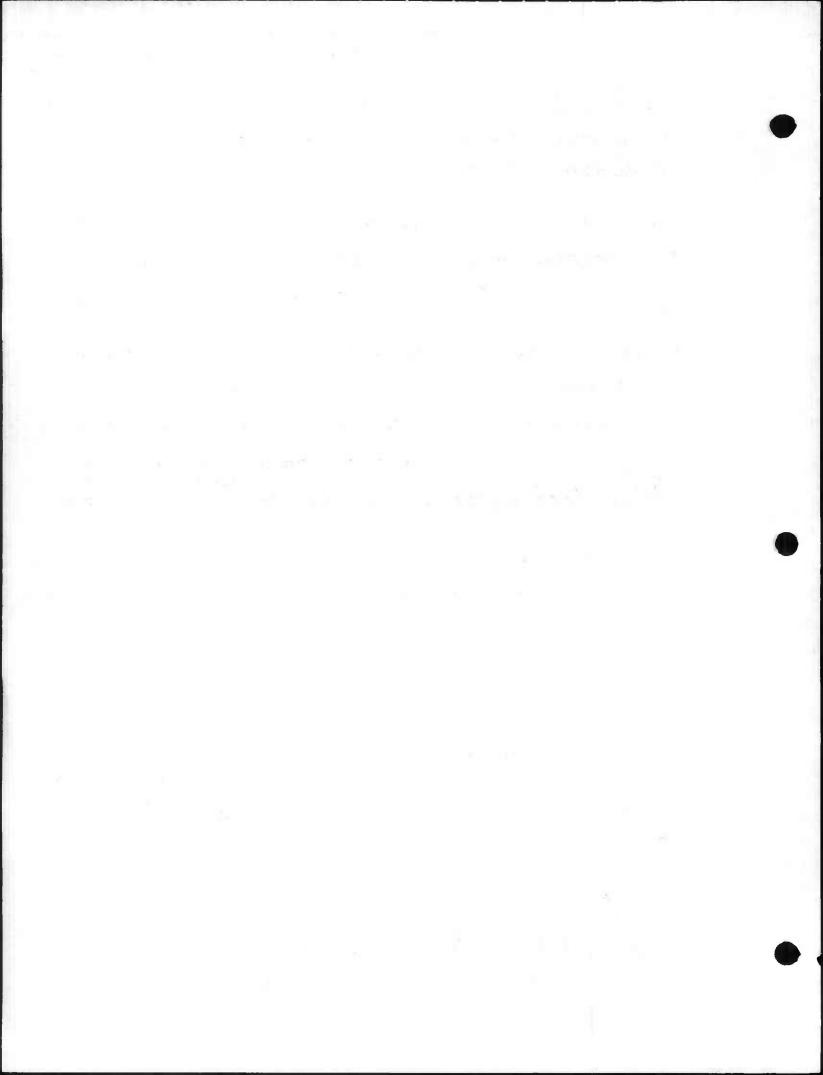
31. Date filed (Month, Day, Yeer) APR 1 4 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Ce	ertifica	ate of	Death		Reg. No.	11		344		
	Dhunisi		1. Decedent's Name (First, Middle, La	st)						2. Date of Do	eath	Voor	3. Time	of Death		
	Physici /Medi		Rosetta			Mo	ore	100		64 ^{month}	Day 11	^{Year} 7	3	:30am		
	Examir		4a. Facility Name (If not Institution, giv				-		4b. City, Town, or			y of Death				
Ĺ		,	413 E. Lorrai						Baltim			NA				
	Funerai Director		244-30-1143	ex	ge (In yrs. li 3 1	ast birthdaj Yrs.	Month	der 1 Year Is Deys	If Under 24 Hrs Hours Min			9. Birthpi Coun		te or Foreign		
	pu »		Usuai Residence of Decedent 10a. State 10b. County		100 014	, Town or I										
	anyla	-	10.0									11		City Limits es 2 □ No		
	M 94	act of	Md Na		Ba	altir				T				85 Z NO		
	Nith With	늅	10e. Street end Number				10f. a	Zip Code			10g. Citlzen of	What Coun	try?			
	a 23	E	413 E. Lorrain		_			2121			US					
Maryland 21215-0020	72 hours efter deeth with the Maryland natural, or Items 23s or 28s-f show pical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 25 If Yes, Give Year or Dates:		5. 13		pecify Cub	Hispanic Origin? (S an, Mexicen, Puer Specify:	specify Yes or Ne to Rican, etc.)	Specia	ce - Americ eck, White, o				
Ö	72 hours natural',	P	15. Decedent's Ed	lucetion	— Т	16a. Dec	edent's Us	sual Occup	pation		16b. Kind of B					
215	S 1.5	Completed	(Specify only highest gra	de completed)	5.1	(Giv life.	e kind of 1 DO NOT	work done use retire	during most of wo	orking		100000000000000000000000000000000000000				
21	yene.	E	6th Grade	College (1-4or : NA	5+)	Don	nest:	ic			vario	us ti	cade	S		
p	Il Hygid	Bec	17. Father's Neme (First, Middle, Last)						18. Mother's Na	me (First, Middle						
/iai	ould be Mental mrkad o	To E	John W. Washi	ngton					Les	sie		Cook				
an	2 should end Men ia marka aumatic		19a. informant's Name/Relationship (Type, Print)		19b. Mai	ling Addre	ess (Street	and Number or R		er, City or Town					
	alth ref		Mard L. Robins	on		520	0 M:	idwo	od Aven	ue Bal	timore	ьм.	21	212		
Baitimore,	of Heeli Nem 2		20a. Method of Disposition 1 Buriai 2 Cremation 3 Removel from State 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State													
E	permit. Peges Depertment of the Important: If ite any injury or of once.		4 □ Donation 5 □ Other (Specify) Maryland Nat'l Cem. 04-16-97 Laurel, Md.													
aiti	permit. Depertm Importa any Inju		4 Donation 5 Other (Specify) Maryland Nat'l Cem. 04-16-97 Laurel, Md. 22. Name and Address of Facility Baltimore, Maryland 2120													
m	Per ling															
	_		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that muse	d the deeth	Do not e						en Av	Approxim			
	Physician	1	shock, or heart failure. List only	one cause in each li	ne.			,		, , , , , , , , , , , , , , , , , , , ,	,	i	Interval B Onset an	Between		
	Physician /Medical		Immediate Cause (Final	1 1			ν.		l			1 -				
	Examiner	disease or condition a. Intractable concestive heart failure Due to (or as a consequence of):										1	Mo	nth		
												1	75	nth		
	rtificate be executed ng physician end es the burial-transit	Examiner	Sequentially list conditions	p. AUINO	Due to (or				2			•	//	ears		
ó	exec an en rial-tr	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		540 10 (01	ao a cono	oquonoo o	.,.								
68760,	e be	cai	that initiated events	c	Due to (or	es a conse	allence of	f)·								
68	tificet g phy es th	fedical	resulting in death) Last		Due 10 (01	03 & 00/130	iquoi ioo o	17.								
Вох	andin use	2		d												
Ω.	es that the death cer igned by the ettendir be deteched for use	Physician/	Pert II. Other eignificent conditions of	entributing to death h	uit not resu	iting in the	underlying	r ceuse di	ven in Part I	23h Did	tobacco use co	ontribute to	the caus	o of death?		
P.O.	that the ed by the deteche	hys		on the desire	or not room	ang in the	undonying	J 00030 gi	on and and a		Yee 2 No			Unknown		
	ned e del	ру Р	Ischemic cardi	Mobath	-wil	M	11510	y af			-M.	0				
ğ	law requires es been sign 2 should be	Pa		,				, ()	24a. Wes	an autopsy	24b. We	ere autops aileble prio	sy findings		
00	s bee	Completed	several myou	ndial in	fanci	SUPL		·		pen	ormed?	cor	mpletion o			
æ	0 - 6	mo	,							10	Yes 20 No			No		
ta	uctan: The	Be C	25. Wes case referred to medical						26 Place of De	eth (Check only	- ' '		,100 2	XX 110		
>	Physician: r this certific and director,	To B	examiner? 1 ☐ Yes 2 No	Hospital:	ent 2 🗆 E	R/Outpetio	ent 3 🗆 I	DOA Ott	ner: 4 Nursing I	2	idence 6 □Otl	her /Specifi	()			
0			27. Menner of Deeth	28a. Date of Inju (Month, Da		28b. Time	-	28c. Inju Wo			how injury occu	1-1-1-7	,			
lo	th.: Afte	to	1 Naturei 5 Pending investigation		y Year)	Injury	M		rk? ∣Yes 2∐No							
Division of Vital Records,	Attending I ser death.	Certification:	3 ☐ Suicide 6 ☐ Could not be	28e. Flace of inj	ury - At hor	ne, farm, s	treet, fact	ory, office			Street and Num	ber or Rura	Route N	um <i>ber</i> ,		
ā	efte Direction	ert	4 Homicide	building, ef	c. (Specify))				City or To	wn, Stete)					
	To the Hospital or Attending Pr within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edlcai C	29a. Certifier (Check only one) Certifying Ph	ysician: To the best liner: On the basis of and manner sta	f examinati	ledge, dea on and/or i	th occurre	ed at the ti	me, dete end piace opinion, deeth occi	e, and due to the urred et the time,	cause(s) end m date and place,	anner as st	ated. the ceus	e(s)		
	o the	Me	29b. Signature and title of certifier				2	9c. Licens	se number	T	29d. Date signe	ed (Month, I	Dey, Year)		
	⊢ ≯ ⊢ ŏ		Pain way posen that my D31025 April													
	-3							01	0 4 7		April 1	1, 17	//			
F	Ed S		20. Name and address of person who carla wolf Rosen	How, Mo				ostana.	+ 54	+ 6.0 +		MO	2 . 2	10		
		to	31. Dete filed (Month, Day, Year)	32. Registr	ar's Signati	Jre J	14. 6		1 71700	1,700	model	110	C-1 C-	10		
	Sta Registr	-	APR 1 5 1007	\$ 4. 1	1 4	0	W)									

DHMH 16 Rev 6/95



			State of Marylan	nd / Departme Certifica				giene g Reg. No.	7	11345
	nysicia Medic		1. Decedent's Name (First, Middle, Last) Mary Matranga				2. Date of Dea Month April	Day	Yaar 997	3. Time of Death 11:35 P.M.
	xamin		4a. Facility Name (If not Institution, give straat and number) Catonsville Commons Genesis El			4b. City, Town, or L Catonsu	ocation of Death	4c. County	of Death timo	re
Dire	neral ector		5. Social Sacurity Number 220-74-8392 Usuat Residence of Decedent	Yrs. If United Month	der 1 Year ns Days	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Des June 15	, Year) 1923	9. Birthp Coun Mari	lace (Stata or Foraign itry) Yland
he Maryland	wat be notified at	Director	10a. State 10b. County 10c. Co	ity, Town or Location Baltimore	e					0d. Insida City Limits 1. Yes 2□ No
ath with the	untben		10e. Street and Number 4116 Dudley Avenue	10f.	Zip Code	21213		10g. Citizen of W U.	S. A	
5-0020 72 hours after death with the Maryland natural; or flems 23a or 28a-f show	3	by Funeral	11. Marital Status 1 X Never Married 2	tf Yas, s	cedant of H pecify Cub 2 No	lispanic Origin? (Sp an, Mexican, Puerto Specify:	eacify Yas or No- Rican, etc.)	14. Race Blac Specify.	k, White,	en indlan, etc. ite
within 72 ho	tre Medical	Completed	15. Decedent's Education (Specify only highast grade completed) Elementery/Secondery (0-12) UNRNOWN	16a. Decedent's U. (Give kind of life. DO NOT	work done use retire	ation during most of world)	sing	16b. Kind of Bu		lustry
Maryland 21215-0020 at 2 should be filed within 72 hours at tith and Mental Hygiene.	atic event, t	To Be Co	17. Father's Neme (First, Middle, Last) Pietro Matranga	<i>72</i> 341	sceu	18. Mother's Nam	o (First, Middle, Distefa	Maiden Sumem		
Baltimore, Maryland 21215-0 permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "nature	y or other traum				Lley in	Avenue, B	altimor. Date	e, Mary &	and City or To	21213
Baltil permit. F Department	any Injur		21. Signature of Funeral Service Licensee	22. Name	and Addre	ss of Facility Funeral ns Lane,				
Physic /Med Exam	lical iner		23a. Part1. Enter tha disease, or complications that ceused the deal shock, or heart failura. List only one cause on each tine. Immadiate Cause (Finat disease or condition resulting in deeth) Due to (c	th. Do not entar tha m	ode of dyin	g, such as cardiac	or respiratory are	rast,		Approximate interval Between Onset and Death
68760, flicate be executed physician and	the burial-transit	dical Examiner	if any, teading to immediate cause. Enter Underlying Cause (Disease or injury	or as a c <i>on</i> sequence o	of);					
# B	60	യ	that initiated events resulting in death) Last Due to (o	or as a consequence of	f):					
J H D	3 6	by Physician/M	Part It. Other algoriticant conditions contributing to death but not res							the cause of death?
Hecord he law requin		Compiered	Insulin dependant Mental retardat	ion.				med?	eva con of d	ore autopsy findings illable prior to inpletion of cause teeth?
Vita vician: certific	al director.	90 01	25. Wes case referred to medicei axaminer? 1 □ Yes 2 No 1 □ Mospitat: 1 □ inpatient 2 □ 27. Manner of Death 1 □ Neturat 5 □ Pending (Month, Dey Year)	ER/Outpatient 3 [] [DOA Oth	4 pa Nursing Ho	h (Check only or me 5 Reside	ence 6 DOthe	r (Specify	
DIVISION Of al or Attending Phys a after death. A Director: After mis	ed in by the fu	Certifications	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of tnjury - At h. building, etc. (Specif.	ome, ferm, street, factor	10	Yes 2□No	28f. Location (Si City or Town		r or Rural	Route Number,
the Hospita The Junera	pigety III	legical	29a. Certifier (Check only one) 1 Certifying Phyatcien: To the best of my kno 2 Medical Examtner: On the basis of examina and manner stated.	tion and/or invastigation	on, in my of	oinlon, death occur	ed at the time, d	ate and place, e	nd due to	the cause(s)
14			29b. Signature and title of certifier **Comparison of Comparison Who completed ceuse of death (Item) 30. Name end address of person who completed ceuse of death (Item)		D(8	362		April,	11	, 1997
	State		Komal K. Dang M.D., 3455 31. Data filed (Month, Day, Year) 32. Registrar's Signa	Wilkens	Ave	Suite	308.	Balfo	· 1	10/21229
Re	gistra		APR 15 1997 Julia Stiridam 78							

DHMH 16 Rev 6/95

97-1654-001

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Item 1 Per MEO Film 6746 4-2 State of Maryland / Department of Health and Mental Hygiene 97

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	1.	Lems	: 23 part I			40 4/24/	91 (entitica	ite of	Death	2. Date of De	Reg. No.		3. Time of Death
	Physic	ian							a II	ī	Month	Day	Year	
	/Medi		HARRY		ELMER	ar)	MII	NNICK	S 11	4b. City, Town, or	APRII		97	10:00 AM
1	Exami	ner	130 3000	a water little and the		,				100				,
Н			5. Social Security N		TERRAC:	E Age <i>(in yrs. l</i> i	ast hirtho	tau) If Unc	ler 1 Year	CUMBER		ALLE		
	Funeral Director		217-54-6		1½ M 2□ F	47	Yr	Month				y, Year)	Cour Md.	place (State or Foreign htry)
١.			Usual Residence of	= - '		47					platen 2	3,1930	rid.	
	yland		10a. State	10b. County		10c. City	, Town o	r Location					1	0d. Inside City Limits
	Mar	to	Md.	Allega	nv	Cumb	erl:	and						1 ¥ Yes 2 No
	r 28	Director	10e. Street and Nu			0			Zip Code			10g. Citizen of V	Vhat Cour	ntry?
	h with		449 N.	Waverly	Terrace				215	02		U.S.	Α.	
	deat	Funeral	11. Maritel Status		12. Was Decede		S	13. Was Dec		Hispenic Origin? (S ban, Mexican, Puer	pecify Yes or No		e - Americ	an Indian,
0	after or its		1 Never Marr	ied 2 Married	Armed Force						to Rican, etc.)	Bled	k, White,	etc.
02	raf.,	by	3 🖾 Widowed	4 Divorced	If Yes, Give Year or Date	s:		1 L Yes	2 LSI NO	Specify:		Specify: White		
21215-0020	i within 72 hours after death with the Maryland iten. iten. Than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at	Completed	(Snec	15. Decedent's E	ducation		16a. D	ecedent's Us	sual Occu	pation during most of wo	rkina	16b. Kind of Bu	siness/In	dustry
21	within ene.	npie	Elementery/Seco		College (1-4d	or 5+)	li	fe. DO NOT	use retire	ed)	9			
2	ygier ygier tt.	Co	12		3½		I	Railro	ad			Labo		
Maryland	be filed tral Hygid d other event, I	Be	17. Father's Neme								me (First, Middle,		,	
Sla	Maryialla ZIZ d 2 should be filed withi th end Mental Hygiene. 7 is marked other than traumatic event, the		Harry	Elme	r	Minr	iicks	s, Jr.		Clara	L.	Sar	itasa	nio
Jar	2 sh end is m		19a. Informant's Na							t end Number or R			Stete, Zip	Code)
	C = N L		Dolores A		Mother-i						ing, Md.	21539		
ore	ges 1 au it of Hea if Itam or othe		20a. Method of Disp		Demoval from Sta	20b. Pl	ace of D metery,	isposition (A cremetory o	leme of r other pla	ace)	Date	20c. Location -	City or To	own, State
Ē	Peg ment: i			Burial 2 Cremetion 3 Removed from State Constitution 5 Other (Specify) Rocky Gap Veterans Cemt April 101997 Flint									ntsto	one, Md.
Baltimore,	permit. Peges Department of I Important: if its any injury or of		21. Signature of Fy	heral Service Lice	nsee			22. Name	end Addr	ess of Facility				
Ш	20529		Lebest C. Cedame							dams Fune ur St. Cı			1502	
			23a. Pert1. Enter the	he disease, or con	nplications that caus one cause on each	sed the death	. Do not							Approximate Interval Between
	Physician		orioux, or riou	re renero. Else erri	0110 02030 011 0201	t intie.								Onset and Deeth
	/Medical		Immediate Cause (NARCOT	IC INTO	(ICAT	ION						
	Examiner		resulting in death)		a		-	nsequence o	f):					
-	D #	ner											1	
	rificate be executed ng physician and es the burial-transit	Examiner	Sequentially list co	nditions,	b	Due to (or	as e cor	sequence o	f):					
ó	a exe		Sequentially list confrancy, leading to in ceuse. Enter Under Cause (Disease or that initiated events	nmediate orlying									i	
68760,	ate b nysic	edicai	that initiated events	injury	C	Due to (or	es e con	sequence o	·):					
	E 0 0	1 90 1	, , , , , , , , , , , , , , , , , , , ,										1	
Вох	eath cert attendin I for use	an			d									
	he atter	Physician/	Pert II. Other eignif	cant conditions	contributing to death	but not resu	lting In th	e underlying	cause g	ven in Pert I.	23b. Dld	obacco use cor	ntribute to	the cause of death?
P.0	that the de ed by the a deteched	Phy									10	Yes 2□ No	3 Pro	bably 4 Unknown
Ś		by		-										
Record	v requires been sign should be	be le										an autopsy rmed?	av	ere eutopsy findings ailable prior to
90	aw 2 s b	pie						_						mpletion of cause death?
<u></u>	0 - 0	Completed									128	res 2□No	1,0	Yes 2□ No
Viita		Bec	25. Was case referred to medical 26. Place of Death (Check only one)						ne)					
<u>_</u>	5 00	To	exeminer?	No	Hospitel: 1 Inpa	atient 2 E	R/Outpa	atient 3 🗆	DOA O	her: 4 Nursing I	lome 5 💢 Resid	ience 8 □Oth	er (Specif	(y)
n of	Jing Ph h. After th funeral		27. Manner of Deetl		28a. Date of Ir	njury De <i>y Year</i>)	28b. Time of a 28c. Injury at 28d. Describe how			ibe how injury occurred				
28d. Date of Injury 28d. Date of Injury 28d. Date of Injury at Work? 1							ngested d	rugs						

found at home Cumberland, Md. 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as stated.

2 XMedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

3 Suicide

29a. Certifier (Check only one)

4 Homlcide

6XX Could not be determined

29c. License number 29d. Date signed (Month, Dey, Year)

O.C.M.E.

APRIL 09,1997

28f. Location (Street and Number or Rural Route Number, City or Town, State) 449 Waverly Terrace

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

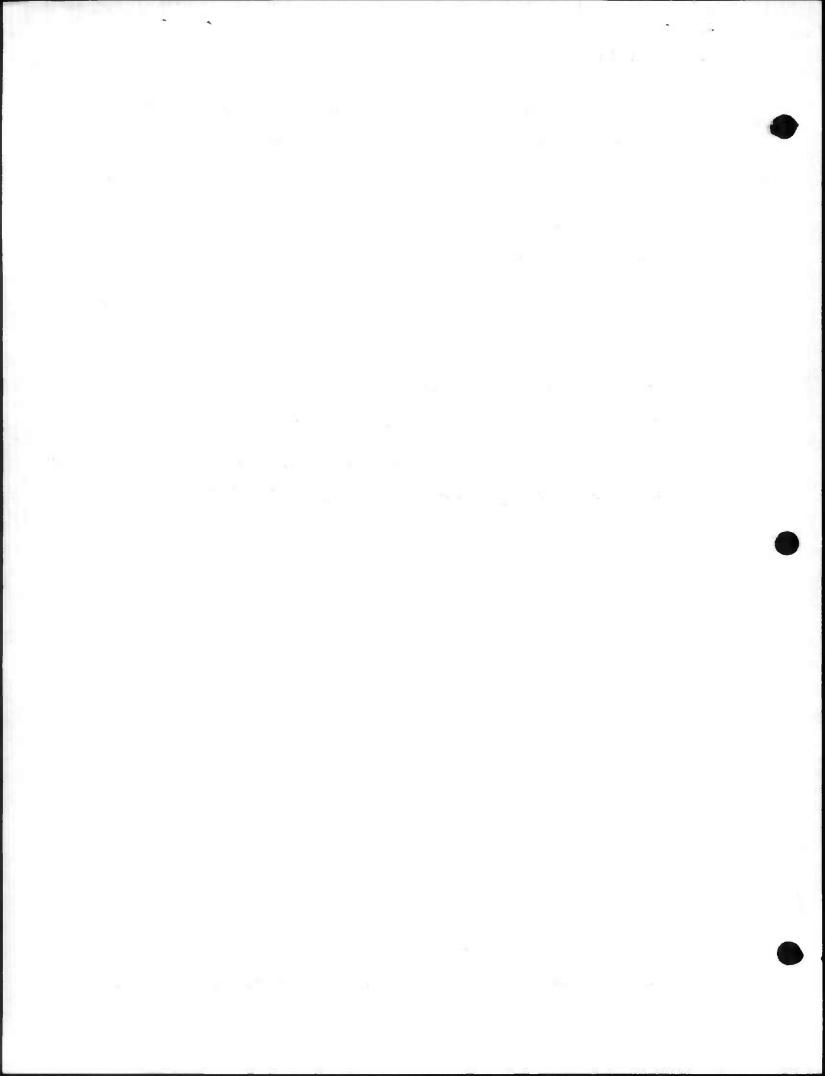
Stephen Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certificat



28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 5 perR.W 5-7-97 G-747 eoh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Deeth 3 Time of Death Month Day 1997 O 3 March 2 7th 1997 icin of Death 4c. County of Deeth Christine Mc Cornick 4b. City, Town, or Location of Death County General Westmuster Hospital If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) if Under 1 Year 6. Sex 7. Age (In yrs. last birthdey) 1□M 2QF Months Deys 67 March 19, 1930 10b. County 10c. City. Town or Location Carroll Sykesville 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21784 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2X No If Yes, Give Wes Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. White 1 Yes 2₺ No Specify: Year or Dates:

Physician 14:00 /Medical 4e. Facility Name (If not Institution, give street end number) Examiner 5. Social Segurity-Number Birthpiace (State or Foreign Country) **Funeral** -09 - 0257Director unknown Usual Residence of Decedent the Maryland 10a State show 10d. inside City Limits d other than "natural", or items 23a or 28a-f shov event, the Medical Examiner must be notified at Maryland ty Yes 2 □ No Director 10e Street and Number 1442 Buchorn Road death Funeral 11 Marital Status Pages 1 and 2 should be filed within 72 hours efter nand of Healih end Mental Hyglene.
Intil flem 27 is marked other than "natural", or fte ury or other traumatte event, II a Macalle Ensuring ury or other traumatte event, II a Macalle Ensuring ury or other traumatte event, II a Macalle Ensuring 1X Never Married 2 Married Baltimore, Maryland 21215-0020 by 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Harold A. McCormick 2 unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If eny injury or 4 IXDonation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility Joseph B. Van State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. 2511. Enter the disease, or complications that odused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Physician /Medical Immediate Cause (Finel disease or condition resulting in death) Dueumoru a Examiner Due to (or as a consequence of): Examiner oustructive Juhnaray disease Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Physician/Medical Due to (or es e consequence of): datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No diabetes mellitus 2 90 24a. Was an eutopsy performed?

P.O. Box The law requires that the death Records, page 2 should certificate Division of Vital or Attanding Physician: this

Completed Be Certification: To Medicai

25. Was case referred to medical examiner? Hospital: 1 Inpatient 1 Yes 2 No 27. Manner of Death Dete of injury (Month, Day Year) 5 Pending investigation 1 Natural 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certifier (Check only

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

Hed (Math 337 Year)

one)

29c. License number DYTYTI 29d. Date signed (Month, Dey, Year)

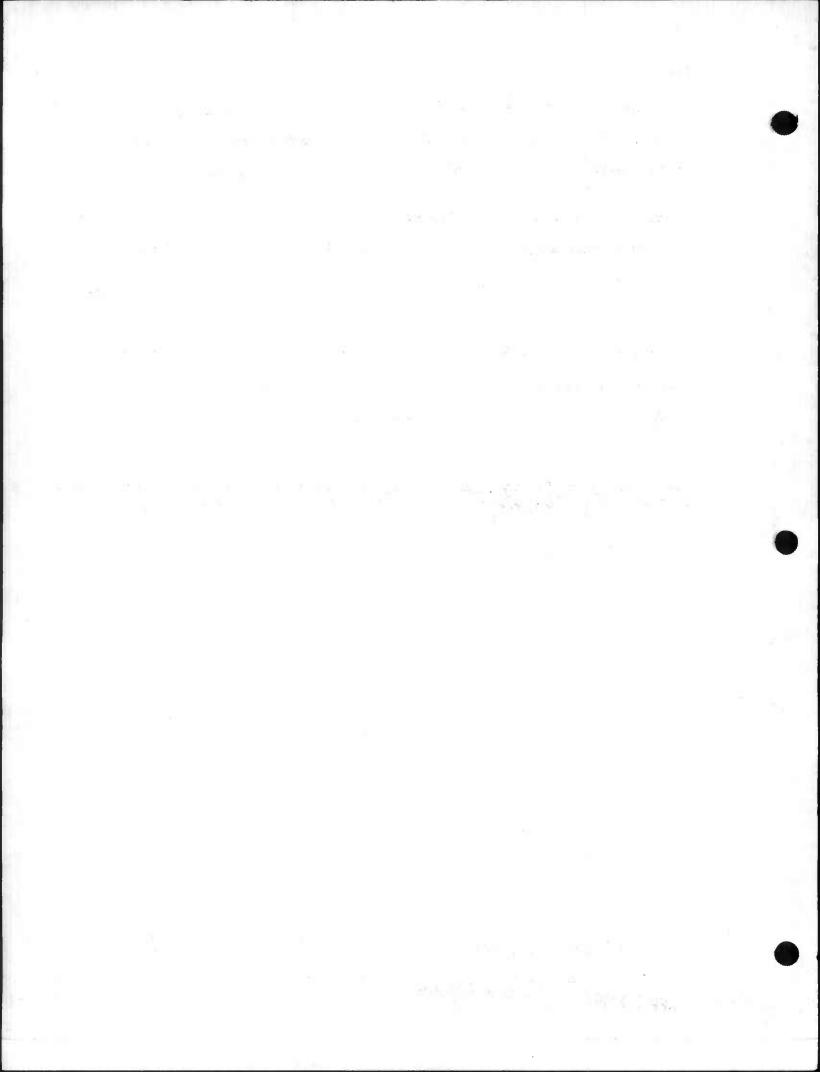
oslina M Merca ms 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) To Shua W. Adron W. D. 1838 Greene Tree Road, Swite 500

(Warch 27, 1997 Akesville, Waryland 21208

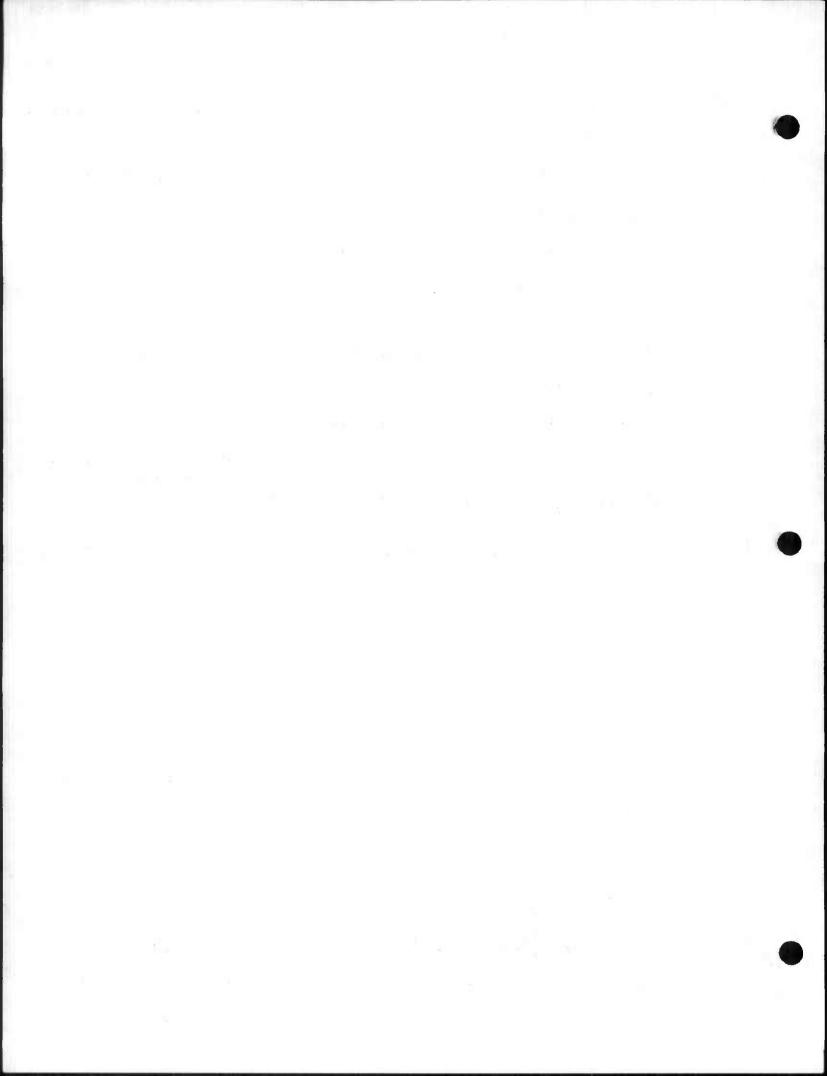
State Registrar

To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral



			State of	maryland .		artment of H tificate of			giene g Reg. No.	1	1348	
Physici		1. Decedent's Name (First, Midd George S.	Miller,	Jr.				2. Data of Dea Month April 1	Day 1997	Year	3. Tima of Death 5:30 a.m	
/Medic Examin		4a. Facility Name (If not institution 1607 Claridge	on, giva street and num				4b. City, Town, or Baltimor	Location of Death	-	of Death	9.30 d.m	
Funeral Director		5. Social Security Number 215–16–9014	6. Sex 1 1 M 2 □ F	7. Age (In yrs. last	birthday) Yrs.	If Undar 1 Yaar Months Days	If Under 24 Hrs Hours Min		h y, Yea <i>r</i>)		ace (State or Foreig try) Land	
r 28a-f show	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Balt	imore	10c. City, T Balt	own or Lo					1	0d. Inside City Limii	
death with the Marylend ms 23s or 28s-f show rinkel be notified at	Funeral Director	10e. Street end Number 1607 Claridge	Avenue			10f. Zip Code 21227			10g. Citizen of V		•	
or ite	by	11. Marital Status 1 □ Never Married 21☑ Mar 3 □ Widowed 4 □ Divorced	ried Armed Form	2□No 1943	_	Vas Dacadent of H Yas, specify Cub □ Yes 2 No		Specify Yas or No- to Rican, etc.)	14. Rad Blad Specify	e - Americ ck, White, a v: Wh	atc.	
72 Fer 3	Completed	15. Deceder (Specify only highe Elementary/Secondary (0-12) 11	nt's Education st grade completed) College (1-		(Give	lent's Usuai Occup kind of work done DO NOT usa retire ninist	pation during most of wo d)	rking	16b. Kind of B		lustry	
t be file ad other event	Be	17. Father's Name (First, Middle, George S. Mill:						me (First, Middle,		ne)		
d 2 should be filled within h and Mental Hygiene. 7 is marked other than " traumatic event, the Wes	To	19a. Informant's Name/Relations Marie Miller /	ship (Type, Print)			g Address (Street	and Number or R		er, City or Town,		Code)	
ges 1 end of Healt or other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5	ce)	Date 20c. Location - City or Town, State 4/16/97 Marriottsville, MD								
permit. Pe Depertmer Important: any Injury		21. Signature of Funaral Sarvice		1.00	22	Cemeter Name and Addre	ess of Facility L	oudon Pa	rk Fune	ral E	lome	
Physician /Medical Examiner	ler.	23a. Part. Enter tha disaasa, o shock, or heart failure. List Immediate Cause (Final disease or condition resulting in deeth)		used the death. I ch line.	0	1	ng, such as cardia	c or respiratory ar	rest,		Approximate Interval Batween Onset and Death	
death certificate be executed e ettending physician and of for use es the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last	b c d	Due to (or as								
that the ed by the detache	by Physician/Me	Parl II. Other algnificant condition	ven in Part I.	23b. Did t		the cause of dea						
aw requ	Completed t							24a. Was perfo	an autopsy med?	ava	ore autopsy finding ulabia prior to appletion of causa death?	
slen: The artificate h	Be	25. Was case referred to medica examiner?	Hospital:			l au		1 □ Y		10	Yes 21 No	
this aldi	1 Inpatient 2 EN/Outpatient 3 DOA 4 Nursing								Home 5 Residence 6 □Other (Specify) 28d. Describe how injury occurred			
ital or Atternate de rel Directo	Certification:	3 Suicide 6 Could determ	not be nined 28e. Plece of building	of Injury - At home g, etc. <i>(Specify)</i>	, farm, stre	eet, fectory, office		28f. Location (S City or Ton	Street and Numb vn, State)	per or Rura	Route Number,	
the Hospital or Attending Intin 24 hours after death. To the Funeral Director: After completely filled in by the fune	Medical	29a. Certifier (Check only one) Certifyir Medical 29b. Signature and the of certifie	ng Physician: To the b Examiner: On the bas	ils of examination	dge, death end/or inv	estigation, in my o	plnion, death occu	urred at the time, o	date and place,	and due to	the cause(s)	
		· anc	Waterfu	J W	N	29c. Licens		_	29d. Date signe			
	.0	30. Name end address of person Mm C W 31. Date filed (Month, Day, Year)	ATERFUE!	of death (Item 23) (St Agne	s Concer	Centry	Cata	U M	1997	
Sta Registra	-	APR 15 19	- D	a Davidson-		2						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** RALPH F. MILLER APRIL 1997 8:30 P.M. 11, /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MARINER NURSING HOME BALTIMORE BALTIMORE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Deys TEM 2DF Yrs. 178-01-5854 Director APRIL 15,1905 PENNSYLVANIA 91 Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is merked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Director MD N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 528 S. LONGWOOD STREET 21223 U.S.A. death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. It flow 27 Is marked other than "natural", or itea ny of other traumatic event, the Medical Examinar ny or other traumatic event, the Medical Examina 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: WHITE þ Specify 3℃ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9TH GRADE CRAFTSMAN BOAT MANUFACTURER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be WILLIAM P. MILLER EMMA WINCENBURG 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) REMAY PHILLIPS (DAUGHTER) 528 S. LONGWOOD STREET - BALTIMORE, MD 21223 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlai 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) MEADOWRIDGE MEMORIAL PK 4/15/97 ELKRIDGE 21. Signature of Funeral/Servica Licensee 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. ton 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Farty Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examir ģ Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Lest pue Due to (or es e consequence of): physician s the buria Box 68760. 2 Physician/Medical Due to (or es e consequence of): # ding 915 atten 5 P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? å signed by 3 Probably 4 Unknown 1 ☐ Yes Division of Vital Records. à 2 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed Deen The law 788 9080 1 Yes 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical 8 26. Piece of Deeth (Check only one) Hospital: Lo Other: 1 ☐ Yes 2 ☐ 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Home 5 Residence 6 Other (Specify) 1 28e. Dete of Injury (Month, Dey Year) 27. Mepner of Dee 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Affair 1 Natural 2 Accident 5 Pending if or Attending start death. 1 ☐ Yes 2 No investigation 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) ă 4 Homleide spital ours a edical Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end merine es sieles.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29a. Certifier Full R (Check only one) I A 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Neme end eddress of person completed cause of deeth (Item 23e) (Type, Print) DR. MARCELINO D. ALBUERNE - 516 N. ROLLING ROAD-SUITE 204-CATONSVILLE, MD 21228

who Dayson-Rendere

DHMH 16 Rev 6/95

State Registrar

APR 15 1997

State of Maryland / Department of Health and Mental Hygiene 97 11350

						Certifica	te of	Death		1. X. (1)	Reg. No.	1	11000	
			1. Decedent's Neme (First, Middle, Li	ast)	4-025	Con 14		HAM		2. Date of Dec		V	3. Time of Death	
	Physici - /Medi		Harold	L.	NECES	SARY	Sr.			Month April	Dey 10, 199	Yeer 7	7:25 PM	
	Examir		4e. Fecility Name (If not institution, gi	ve street end number)	HAR.	500		4b. City, To	own, or Lo	cation of Deeth		•		
			Franklin Square	Hospital C	enter		30	Rose	dale		Balt	imore	2	
	Funeral Director		5. Social Security Number 6.	The second second second	(In yrs. last birth	Months	Deys	If Under Hours		8. Dete of Birt (Month, De Sept. 1	y, Yeer) 9,1925		plece (Stete or Foreign htry) rginia	
	D .		Usuel Residence of Decedent											
	a-f show	Director	Md • Balt	imore	10c. City, Town		ssex						10d. inside City Limits 1 ☐ Yes 2 ☐ No	
	or 28	Oire	10e. Street end Number			10f. Z	p Code	-			10g. Citizen of	Whet Cou	ntry?	
	23a	la la	422 Essexwood	Court			2	1221			USA			
21215-0020	permit. Pages 1 and 2 should be lied within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Institutely, or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral	11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? Yamed Yes 2 No If Yes, Give Yeer or Detes:		13. Was Deca If Yes, spo 1 ☐ Yes				ecify Yes or No Ricen, etc.)	14. Ree Ble Specif	ck, White,	can Indien, , etc. nite	
2-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducetion	16a. D	ecedent's Use Give kind of w	uel Occup	petion	et of worki	ina	16b. Kind of B	usiness/Ir	ndustry	
21	den en en en en en en en en en en en en e	nple	Elementery/Secondary (0-12)	College (1-4or 5+		fe. DO NOT	use retire	d)	St OF WORK	nig				
7	ygier Ygier A, B	S	12th			Milwri	ght				Beth		1	
Suc	d oth	Be	17. Father's Name (First, Middle, Las.								Meiden Sumer	ne)		
Z 3	Merke marke	To	Charles Neces							Baird				
, Maryland	and 2 sr ealth and n 27 is n		19e. Informent's Name/Relationship Barbara Necessa			422 Es	sexw				more MD		,	
altimore,	reges I ment of H ant: If iter ury or oth		20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Special Content of the Conte			cremetory or Hill	other pla	11	4/14	1/97	20c. Location Balt		own, Stete	
Balt	Depending on the sany injury i		21. Signeture of Funerel Service Lice	nsee	00.		nell	y Fun	eral		f Essex			
	_		23e. Pert1. Enter the disease, or go	opplications that caused to	Ne death bo no	300 enter the mo	Mace de of dyle	e Ave	Ba cerdiec c	ltimore or respiretory er	Md. 21	221_	Approximate	
,	hysiclan		shock, or heert feilure.	one cause on each line									Intervel Between Onset end Death	
	/Medical	п	Immediate Ceuse (Finel disease or condition	Donoma	atia Ca							1	2 Vanne	
E	Examiner	Ш	resulting In death)	0.	eatic Ca		١٠.						3 Years	
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,	icate be executed physician and s the bunal-transit	Examiner												
68760,	death certificate be execut ettending physicien and d for use as the burial-tran	edical	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of):											
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. Bo	ned by the atter	Physician	Don't Dahan alau Manana ana dahan						4					
O 3	y the	hys	Part II. Other significant conditions	contributing to death but	not resulting in t	ne underlying	cause gr	en in Pert	1.		1		to the causa of death?	
G. 3	ned b	by P								10	Yes 21XNo	3 PIC	bably 4 Unknown	
Records,		Completed b									en eutopsy med?	C	Vere eutopsy findings vellable prior lo empletion of ceuse deeth?	
	ete hes pege 2	mo								101	res 20 No	1	☐ Yes 2☐ No	
		Be C	25. Was cese referred to medical					26. Plec	e of Deeth	n (Check only o		1		
of Vita	ysica is cer direc	ToE	exeminer?	Hospitel:	2 ER/Outp	etient 3 D	OA Oth	or.			dence 6 Ott	ner (Speci	(v)	
Tor	er thi		27. Menner of Death	28e. Date of Injury (Month, Dey	28b. Tin	ne of	28c. Inju				now injury occu			
uo F	th.	atio	1 Naturel 5 ☐ Pending investigation	n	, 5017	M		Yes 2□	No					
Divis	100	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Str. City or Town,									ber or Rui	al Route Number,	
JA	1	edical C	29a. Certifier (Check only one) Cartifying Pl	nysician: To the best of ntnar: On the basis of e end manner state	xaminetion end/	leeth occurred or Investigation	d et the tir	me, dete er opinion, des	nd plece, e	end due to the ed et the time,	ceuse(s) end m dete and plece,	enner es : end due !	steted. to the ceuse(s)	
7	Nithing Somple	Mec	29b. Signeture end title of certifier	Ond marrier state		29	c. Licens	e number			29d. Date signe	ed (Month.	Dey, Year)	
	- \$ F 0		· MM.	Man	- MAN)		0819		35	April			
	10		30. Neme end eddress of person who	A James of the	eth (item 23a) (T	ma Priori	2 71				TIP TA			
	1		Marco Zamora,	MD/ 90	000 Fran		quar	e Dri	ve Ba	altimor	e, Mary	land	21237	
	Sta Registr		31. Date filed (Month, Dey, Year) APR 15 199	32. Abgistrar	Signeture Davidson-A	andello								

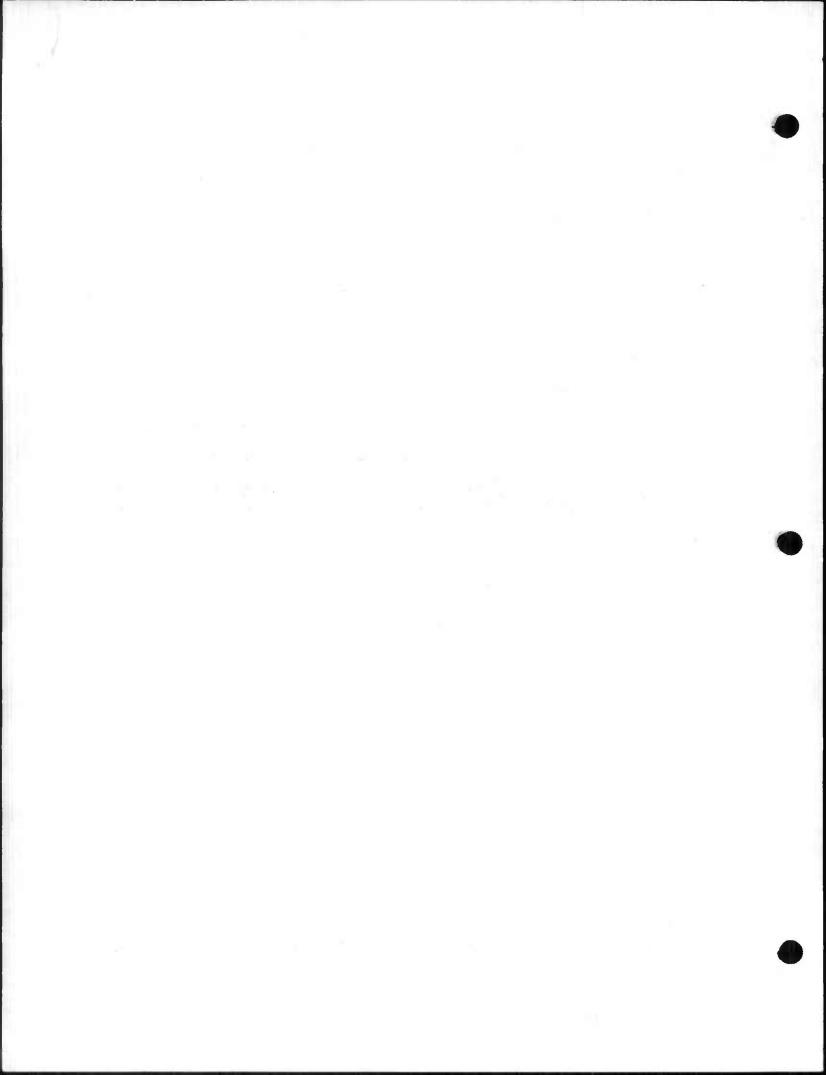
DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7

	Ite	em: 10e per F.H.G-746	4/15/97 reb	,	C	ertifica	ate of i	Death		Reg. No.	, ,	1100
Dhyole		1. Decedent's Name (First, Middle, I	.est)						2. Date of I		Year	3. Time of Dea
Physic /Medi Examin	cal	Lionel E. Par 4a. Fecility Name (If not institution, g	THE STATE OF THE S)			4	b. City, Town, or	April	12, 1997	7	8:30
Examili	iei	Deaton Medical						Baltimo		N/A		
Funeral Director				ge (In yrs. i	ast birthda Yrs.	Month	ler 1 Year s Days	If Under 24 Hrs Hours Min	8. Date of E	Birth Dey, Yeer)	9. Birthpli Count	lace (State or Fo try) rland
D >		Usuel Residence of Decedent		40. 00	-					7 1000		
r 28a-f show	-	10a. State 10b. County			, Town or						10	0d. Inside City Li
he M	Director	Md. N/	A		Balt:							Y□Yes 2□
th with t		10e. Street and Number 433 406 S. Parrish	St.			10f. 2	Cip Code	3		10g. Citizen of		iry?
5-0020 72 hours after death with the Maryland natural; or flore 23a or 28a-f show the Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 Yes 2 If Yes, Give Year or Dates:	,	S. 13		edent of Hoecify Cube	ispanic Origin? (S in, Mexican, Puer Specify:	Specify Yes or to Rican, etc.)	No- 14. Rad Bla Specif	ca - America ick, White, e fy: Wh	
72 hour	Completed	15. Decedent's (Specify only highest g	Education rade completed)		16a. Dec	cedent's Us	sual Occup	ation	nkina	16b. Kind of B	lusiness/ind	ustry
vithin ene.	Jdr.	Elementery/Secondery (0-12)	College (1-4or	5+)				during most of wo	, nang			
nd 212 e filed withi al Hygiene. other than	S	11			(Cutte	r			Garme		
Ore, Maryland 2 ss 1 and 2 should be filed of Health and Mental Hygic Heart 27 is marked other; r other treumatic event,	Be	17. Father's Neme (First, Middle, Las								lle, Maiden Surner	ne)	
Tarke and the state of the stat	L C	Theodore E. Pa			T		/0:		Poffit			
Maryland 2121 d 2 should be filed within in and Mental Hygiewith and Mental Hygiewith The marked other than 'n traumatic event, the Mar		19e. Informant's Name/Relationship								nber, City or Town		
		Betty Boblitz - 20e. Method of Disposition	friend	20h P	433	S. Pa	arris	h St., E	alto.,	Md. 212 20c. Location	223 City or To	um Ctata
		1 X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		Mead	ometery, co dowri	dge M	other plea emori	a) al Pk.	1/16/97	Elkrid		
Baltim permit. Pag Department Important: I any injury o		21. Signature of Funeral Service Lice	ensee LO	_	Ga	ary L	. Kau:			ome at Me		_
Physician		23a. Part1. Enter the diseese, or conshock, or heert failure. List only	mplications thet cause y one ceuse on each li	d the death ne.	. Do not e	250 Warner the m	ashin ode of dyin	gton_BLV g, such as cardia	Cor respiratory	kridge, errest,	Md.	21227 Approximate Interval Between Onset end Death
/ /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a. Se	7515							(one week
البسيا	ner		0			equence o	1):				2	week
cuted	Examiner	Sequentially list conditions. Due to (or es a consequenca of):										1
e axe lan a urial-i		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury Due to (or es a consequenca of): Cause (Diseese or Injury										4 years
OTGS, P.O. BOX 68/60, requires that the death certificate be assocuted een signed by the attending physician and hould be detached for use as the burial-transit	Medical	that initiated events resulting In death) Lest	c			equence of):		·			
BOX 68 Seath certifics attending pl	Physician/		d									
the a	/sic	Part II. Other significant conditions	contributing to death b	ut not resu	Iting In the	underlying	cause give	en in Part I.	23b. DI	d tobacco use co	entribute to	the cause of de
as that the death ce igned by the attendible detached for use	by Phy								1[yes 2□ No	3 Prob	ably 48 Unki
2 s d s	Completed									as an autopsy rformed?	con	ore autopsy findin illeble prior to inpletion of cause death?
The I	Con								10	Yes 2 No	10	Yes 2 No
VITAL I	Be	25. Was case referred to medical examiner?						26. Place of De	ath (Check only	y one)		
n of VItal ng Physician: ter this certific ineral director,	은	1 Yes 2 No 27. Menner of Death 1 Naturel 5 Pending	Hospitel: 1 Inpati		ER/Outpati 28b. Time Injury	of	28c. Injun	4 Li Nursing i	_	sidenca 6 Oth e how injury occur)
To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not determine	me, farm,	M street, fecto		Yes 2 □ No	28f. Location City or 7	(Street end Numi	ber or Rurel	Route Number,		
Hospital or 24 hours afte Funeral Dir rety filled in		29a. Certifier 1 ☐ Certifying P	building, et	of my know	vledge, dea	ath occurre	d at the tim	e, dete end plece	e, end due to th	e cause(s) end m	enner es st	ated.
he Ho in 24 he Fu pletel	edical	2 Medicai Exa	miner: On the basis of end manner st	f exemineti	on and/or	investigetic	on, in my or	olnion, death occu	urred et the time	e, date end place,	end due to	the cause(s)
To the To the Comple	Σ	296. Signature and title of certifier				2	9c. License			29d. Dete signe	d (Month, E	Day, Year)
, ih		Mull	M	D			931	6675		4/14	197	
The same			completed cause of o	leath (Item	23a) (Typ	e, Print)					-1	
		JOEY MESHU LA	M 1147	5.	HANG	nen	55	BALT	MD	21230		
Sta Registr	-	31, Date filed (Month, Dey, Year) APP 1 5 1007	32. Registr	ar's Signat								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9 7

Item25	4-15-97	FilmG746	W.H.Per	Doctor
	1 Dac	adant's Nama /	First Middle I	act)

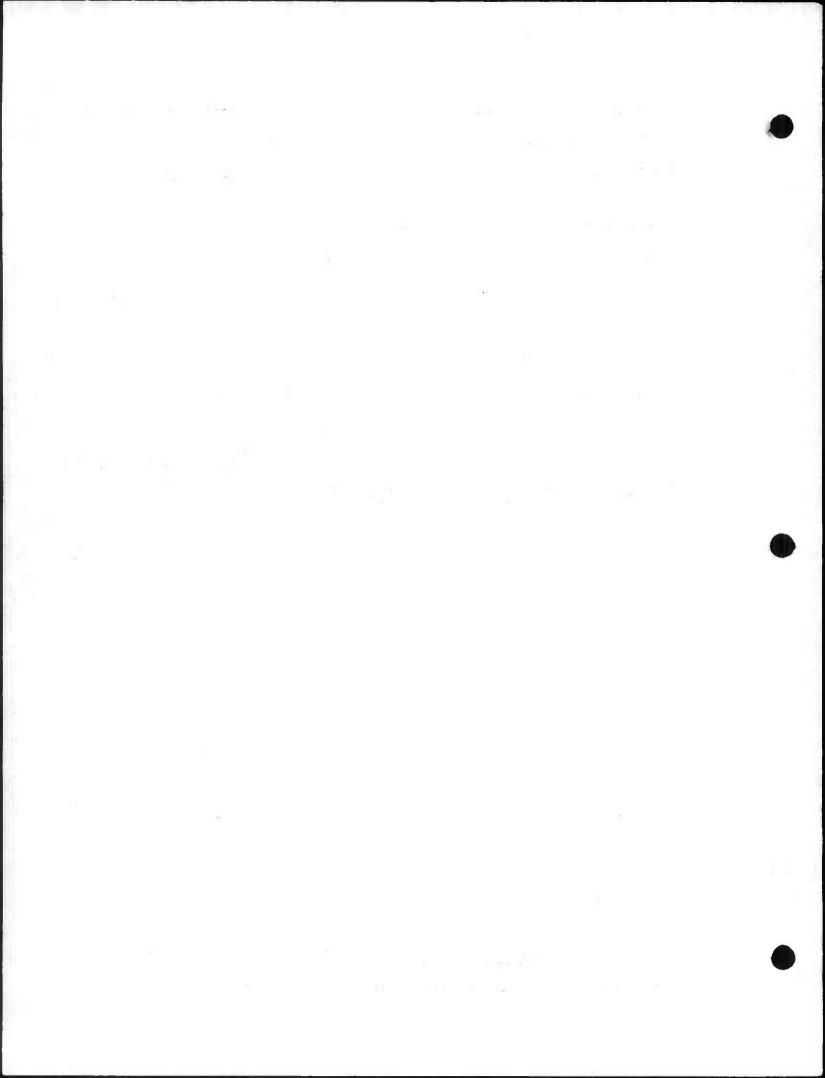
Item25	5 4-	15-97 FilmG746 W.H.Per Doctor		Certificate of	Death	R	eg. No.	1	11332						
Phys	ician	Dacadant's Nama (First, Middla, Last)				2. Data of Daat	h		3. Tima of Daath						
	dical	GERALD EUGENE	QUIN			APRIL	8 , 199	77	11:52AM						
Exam	niner	4a. Facility Nama (If not institution, giva streat an GREATER BALTIMORE			4b. City, Town, or L TOWSOI		4c. County								
Funer Directo		5. Social Sacurity Number 216-12-3441 Usuai Rasidance of Decedant	7. Aga (<i>in yrs</i> . 75	/ast birthday) If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day, Aug. 4	Year) 1921	9. Birthplac Country Maryla	ca (Stata or Foraign and						
/land		10a. Stata 10b. County	10c. Cit	y, Town or Location				10d	I. Insida City Limits						
a-f sh	to	MD Baltimore		Cockeysville					1 ☐ Yas 2 XNo						
き な ま	Director	10e. Straat and Number		10f. Zip Coda		1	Og. Citizan of V	What Country	7						
ath w		2 Honey Bee Court A		21030			USA								
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Phygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, the Medical Experient mast be notified at	by Funeral	Arme ↑X Navar Married 2 Marriad 1 X	Dacedant Evar In U ed Forcas? Yas 2 □ No s, Giva or Datas: 194	if Yas, specify Cub		ecify Yas or No- Ricen, atc.)		e - Amarican ok, Whita, atc							
Baltimore, Maryland 21215-0020 semit. Peges 1 and 2 should be filed within 72 hours at Department of Health and Mental hygiene. mportant: If Item 27 is marked other than "natural", or nny injury or other traumatic event, the Medical Exam	Completed	15. Decedent's Education (Specify only highast grada comple Elamantary/Secondery (0-12) Colle		16a. Decedent's Usual Occup (Giva kind of work dona lifa. DO NOT usa retire	oation during most of work d)	ing	16b. Kind of Bu								
filed w Hygier other th		12 17. Fathar's Nama (First, Middla, Last)	4	Accounting	10 Methodo Nom		Govern		Equip.						
laryland 212: 2 should be filed within and Mental Hygiene. Is marked other then aumatic event, the Man	To Be	Thomas Gerald Quinn			18. Mothar's Nam	et Elizab									
aryla should ind Men	-	19a. Informant's Name/Ralationship (Type, Print))	19b. Mailing Addrass (Street					oda)						
1 and 2 Health a em 27 is		John M. Quinn/Brothe		2600 Wentwo	orth Rd.,										
Peges 1 nent of Hant: If Iten		20a. Mathod of Disposition 1 □XBuriai 2 □ Cramation 3 □ Ramovai f		lace of Disposition (Nama of ematary, cramatory or other pla		97 ^{ata}	20c. Location -								
Baltim permit. Peg Department Important: I		4 ☐ Donation 5 ☐ Othar (Spacify)	Dulaney Valley Memorial Gardens Timonium, MD 21093												
Ba Depa Depa Impo	BUC	21. Signature of Funeral Sarvice Licensaa 22. Nama and Address of Facility Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD 21093													
		23a. Part1. Entar tha disaasa, or complications t shock, or haart failura. List only ona causa	hat ceused the deat	10 W . Pa	donia Rd	., Timo	nium, A		093 pproximata						
Physicia	n	shock, or haart failura. List only ona causa		1			,	in	tervel Batween nsat and Death						
/Medica	al	immediata Cause (Final disaasa or condition	China	lie Mulanuna ras a consequence of): lucas Ven	n Huse	56			4 cui						
Examine		rasulting In death) a	Dua to (o	r as a consequence of):					4 cus						
ted list	l le	b	Ju6 a	lucy Non	rossery			1	4 day						
), execu n and iel-tra	Examiner	Saquantially list conditions, if any, leading to immadiata ceusa. Entar Underlying Causa (Disaasa or Injury c.				i									
. BOX 68/60, deeth certificate be executed e ettending physician and ad for use as the buriel-transit	edical	I that initiated evants													
C 68	5	rasulting in death) Last		as a consaquance of):				ĺ							
BOX eeth cert ettendin for use	Physician	d													
Sed to de de de de de de de de de de de de de	ysic	Part II. Other eignificant conditions contributing	to death but not resu	ulting in the underlying cause given	an in Part I.	23b. Did to	bacco use con	tribute to th	e cause of death?						
IS, P.O. I res that the decigned by the ellips deteched for						1 🗆 Ye	2 No	3 Probab	oly 4 🗆 Unknown						
require should	Completed by					24a. Was ar perform	n eutopsy nad?	availa	autopsy findings ibia prior to letion of ceusa ath?						
- F sa	E O					1 ☐ Ya	s 2 No	1 🗆 Y	as 2□No						
ysiclan: The sis certificate director, pag	Be	25. Was casa rafarred to medicel axaminar?		I Avi	26. Placa of Deat	n (Check only one	1)								
Physi this o	7	1 ☐ Yas 22 No Hospital:		ER/Outpatient 3 DOA Oth	4 LI Nursing Ho	ma 5 ☐ Rasida									
ding After fune	tion	Naturel 5 Panding	Peta of injury Month, Day Year)	28b. Tima of Injury Wor Wor Injury M 1 □	yat rk? Yas 2 □ No	28d. Dascribe ho	w injury occurr	30							
DIVISION or Attending efter death. Director: Afte	Certification:	3 Suicida 6 Could not be datarmined 28a. P	28f. Location (Str City or Town	eet and Numbe Stata)	er or Rural Re	outa Number,									
UNISION OF VITA To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director,	edical C	(Check only 2 Medical Examiner: On the	tha best of my know besis of examinat manner stated.	wledge, death occurred at the time time and/or investigation, in my o	na, data and place, pinlon, deeth occurr	and dua to tha ca ed at tha tima, de	usa(s) and mar te end piace, a	nnar as state ind dua to the	id. e ceuse(s)						
To the To the	Me	29b. Signature and tyle of ceretier	Juille	29c. Licans	a number 200 60	29	d. Date signed	(Month, Day	Year)						
7		30. Nama and eddress of person who completed	cause of death (item	22a) (Time Brint)			-6		04005						
		Reginald Davis, M		569 N. Charles	St., Su	ite 411,	lowson	ı, MD	21204						

State Registrar

Reginald Davis, M.D.

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Nema (First, Middle	(ant)			tificate of			leg. No.	/	11353
Physic	ian			noades				Month	Dey	Yeer	3. Time of Deeth
/Medi		Levone					the Ohn Tanan and a	April	T	997	2:37 AM
Exami	ner	4a. Fecility Neme (If not institution, 1832 E. 28th	St.				4b. City, Town, or Lo	re	N/A	of Death	
Funeral Director		214 66 5822	6. Sex 7. ↑ M 2□ F	Aga (In yrs. lest bi	rthday) Yrs.	Months Deys		8. Data of Birth (Month, Day 8-10 1	, Year) .955	9. Birthp Cour	elaca (State or Foreigntry)
pue *		Usuai Residenca of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Loc	ation	-			1	Od. Inside City Limits
/aho	5	Maryland N/A								'	i∑XYas 2 No
28e	8	10e. Street and Number		Balti	more	10f. Zip Code			l0g. Citizen of	What Cour	
ath with the Marylan 23a or 28a-f show	rai Di	1832 E. 28th	St.			2121			USA	vviiai Oour	my r
72 hours after death with the Maryland natural; or items 23a or 28a-f show deal Examiner must be notified at	d by Funeral Director	11. Maritei Status 1 ☑ Naver Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Decede Armed Force d 1 Yes 2 If Yes, Give Yaer or Dete	9€? ZNo		/as Decedant of Yes, specify Cub	Hispenic Origin? (Spoan, Mexican, Puerto	ecify Yas or No- Rican, etc.)		ce-Americ ck, White, y: Afr	
72 hours natural,	Be Completed	15. Decedent' (Specify only highest		16e	. Decede	ent's Usuel Occu	pation during most of work d)	ing	16b. Kind of B	usiness/In	dustry
within ena.	Igh.	Elementery/Secondary (0-12)	College (1-4	or 5+)			ed)				11
e filed within I Hygiena. other than	S	9	0		Lab	orer	T				Hosp
gas 1 and 2 should be filed within to f Haalth and Mental Hygiena. If flem 27 is marked other than or other traumatic event, the Me	Be	17. Father's Name (First, Middle, L		/			18. Mother's Nemo	e (First, Middle,	Maiden Sumen	ne)	
2 should be and Mental is marked or aumatic eve	To	FRANK	11000	les			MALLI	0 60	MAM	7	
12 she h and is me reum		19a. Informant's Name/Relationsh	p (Type, Print)(7)7	(ner) 19t	o. Meiling	Address (Stree	t end Number or Run	al Route Numbe	r, City or Town,	Stete, Zip	Code)
1 and 2 Haaith em 27 i		Mrs.malle l	Anden	OOb Place O	132	ition (Neme of place)	1 Street	DALL	more	Ind.	21218
Pagas nant of H nt: If ite		20a. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cremetion	Data	20c. Location	- City or 16	wn, Stata					
Partition To		4 □ Donetion 5 □ Other (Sp	ecify)	1497	15A11	5	md.				
permit. Pagas 1 and Department of Health Important: If Item 27 any injury or other to once.		2) Sign eture of Funerei Sarvice L	Censee L. Para	2/	100	Neme end Addin	FILES F	UNERA	I Hon	ne nd:	21216
		23a Part 1 Enter the disease, or o	omplications that cau	sed the daath. Do	not ente	r tha moda of dy	ing, such as cardiac	or respiretory en	rest,	10.0	Approximete
Physician	V 1	anaca, or many felicite. List o	my ona ceusa on eec	n line,						i I	Interval Between Onsat and Death
/Medical		Immediate Cause (Finel diseasa or condition	Vent	ilatory :	fail:	uro				1	Hours
Examiner		resulting in death)	θ	Due to (or es e							
	ē		larg				ncer			1	110.0 M.C
be but	Examiner	large cell pulmonary cancer Due to (or as a consequence of):									years
be execut iclan and burial-tran		if eny, leeding to immediate cause. Enter Underlying		_ 10 (0. 10 (00.1004						
8 10 B	edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events	C	Due to (or as a	consequi	ance of):					
certificate be execu- inding physician and use as the butal-tra	/Medi	resulting in deeth) Last	d	Due to (or as a	consequ	arica or).					
報 報う	Physician/M	Part fl. Other significant condition	s contributing to deat	h but not resulting i	n the und	derlying cause gi	ven in Pert I.	23b. Did to	obacco use co	ntributs to	the cause of death
that the delay delay	by Ph	Pneumonia/em	oyema					124	'ss 2□ No	3 Pro	bably 4 Unknow
law requires t as been signs 2 should be	Completed t	HIV disease						24e. Wes e		av	ere eutopsy findings eileble prior to mpletion of cause death?
ician: The law certificate has rector, page 2	00	tuberculosis	treated a	ge 10				1□ Y	es 2 No	10	Yes 2□ No
clan: settlic ector,	Be	25. Wes case referred to medical examiner?					26. Place of Deet	h (Check only or	ne)		
Physic this ce	2	1 Ves 2 No	Hospitai: 1 ☐ Inpe	atient 2 ER/O	utpetient	3□ DOA Ot	her: 4 Nursing Ho	me 5 Resid	enca 6 □Oth	ner (Specif	y)
A Maria		27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investige	28a. Dete of I (Month,	njury 28b. Dey Year)	Time of Injury	28c. Inju Wo M 1		28d. Describe h			
affar Disar Director: 1 in by the	Certification:	3 Sulcida 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							treet and Numi n, State)	ber or Rura	I Route Number,
To the Hospital or within 24 hours affile To the Funeral Direction completely filled in 1	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plated the control of the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plated the control of the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plated the control of the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plated the control of the basis of examination end/or investigation.							end due to the c	ause(s) end milete end place,	enner es s and due to	teted. the cause(s)
within To the compli	Me	29b. Signeture end title of certifier				29c. Licen	sa number	2	29d. Dete signe	d (Month,	Day, Year)
F > F 0		7- 10-00 - M 1 D 13006 9 April 97									
(_		7 / - / ·	ree	M.S			2000		y Apri	т 9/	
(Y		30. Name and address of person was Thomas Powell		Read St.		rint) Ltimore	Ma ara	0.1			
		31. Data filad (Month, Dey, Year)		strar's Signature	LSQ	LLImore	Md. 2120	UI			
Sta Registr		APR 1 5 1997	90.								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Thelma A. Rohlfing
4a. Fscility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death /Medical 9.7 4c. County of Death 11:40PM Examine Maryland Masonic Home Cockeysville Baltimore If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M XXF 212-09-9832 Yrs 87 December 21,1909 Maryland Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Insida City Limits Maryland Baltimore 1 ☐ Yes XIX No Cockeysville Director 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? 300 International Circle 21030 USA Funeral 14. Rece - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 🕅 No If Yas, Giva Yeer or Detas: 1 M Never Merried 2 ☐ Married 1 ☐ Yas 2)(No Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) College (1-4or 5+) 12 Secretary Engineering 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maldan Surname) Charles Franklin Rohlfing Mary 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Louis F Bandell Nephew 2831 Emerald Road Baltimore Maryland 21234 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 4/16/97 Baltimore, Maryland Greenmount Cemetery 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Mitchell-Wiedefeld Home lena 16500 York Road Baltimore, Maryland 21212 23e. Part1. Enter the diseas a complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or raspiretory arrest, shock, or heart teilure. Approximeta Intervel Between Onsat and Death Immediata Cause (Final disease or condition resulting In death) · myocardial infaction truso Due to (or es e consequence ot) Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or injury that initiated avants resulting in deeth) Lest Dua to (or as a consequence ot) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown arthmitis brotomued þ 24b. Were autopsy findings aveilable prior to completion of cause of desth? 24a. Was en sutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical axeminar? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 ☐ Yes 2 No 0 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Invastigation 1 Neturel 1 Tes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, tectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Csrtifying Physician: To the bast of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end menner steted. 29a. Cartifian (Check only one)

29c. Licansa number

805040

york Rd Sty 320 Lutherville

29d. Data signed (Month, Dey, Year)

15

The lew requires that the death certificate be executed attending physician and for use as the burial-transit Division of Vital Records, P.O. Box 68760, signed by the a d be detached f page 2 s 108 Physician: furneral director, or: After this Dending 함

Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Menyland ment of Health and Mentel thyglene.
Int. If I lem 27 I a marked order than "natural", or items 23s or 23s 4 show mit. If I lem 27 I a marked order than "natural", or other traumat to event, the Medical Exerting man the maritied at

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

June Breiner My 31. Data filed (Month, Day, Year) State APR 15 1997

29b. Signatura and title of cartifier

an Poremer Mo

30. Neme end eddress of person who complated causa ot death (Itam 23a) (Type, Print)

32. Registrer's Signature

1205

Davidson Rondice

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Veer RAWLINGS WILLIAM 9:30 PM APRIL 97 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner MORTHWEST HOSPITAL CENTER RANDALLSTOWN If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) Min. MARCH 8, 1915 BALTIMORE 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sax Birthplace (Stata or Foraign Country) **Funeral** 1 M 2□F 82 339-07-9847 Yrs. Director NEW, JERSEY 10a. Stata 10b County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Maxical Examiner must be notified at 10d. Insida City Limits 1 Yas 2 □ No Director MARYLAND NA 10e. Street and Number 10g. Citizen of What Country? MCKEAN 2007 AVENUE 21217 Funerai USA. filed within 72 hours after death 12. Was Dacedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 No 13. Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No natural, or Specify: by Specify: BLACK 3 Widowed 4 Divorced Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry marked other than Elamantary/Sacondary (0-12) Collega (1-4or 5+) ZYRS. CLERK U.S. NAVY 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 99 and Mental To JAMES RAWLINGS Pages 1 and 2 should SCOTT 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Numbar or Rulal Routa Numbar, City or Town, Stata, Zip Coda) Important: If Item 27 is any injury or other traus Health (MILDRED RAWLINGS (WIFE) BALTIMORE, HD. 2/2/17
a 20c. Location - City or Town, State 2007 MCKEAN AVENUE. 20a. Mathod of Disposition

Burial 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 8 4-14-97 ARBUTUS, MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) ARBUTUS CEMETERY 22. Nama and Addrass of Facility
JOSEPH H. 4
2140 N. FU 21. Scripture of Funeral Service Licenses FULTON AVE, BALTIHORE, NO. 21217 2 a. Part1. Ental the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart fallure. List only one cause on each line. Approximata Intarval Batwo **Physician** /Medical Immadiata Causa (Final diseasa or condition rasulting in daath) & ATHEROSCLEROTIC CARDIOVASCULAR Examiner DISEASE Dua to (or as a consequanca of): Physician/Medical Examiner RENAL CHLONIC The law requires that the death certificate be executed burial-trensit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury thet initiated avants rasulting in daath) Last Dua to (or as a consaquanca of): P.O. Box 68760, the Due to (or as a consaquence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by page 2 should be detec 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown PERTENSION þ 24b. Wara autopsy findings evailabla prior to complation of cause of daath? 24a. Was an autopsy performed? AORTIC ANEURYSH 1 Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: The effer death.

Director: After this certificated in by the funeral director, pa Be 25. Was casa rafarred to medical 28. Piaca of Daath (Check only ona) Hospital: 1 Inpatient 2 ER/Outpetiant 3 DOA 1 Yes 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 27. Mannas of Daath 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding investigation 1 Matural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted.

29c. Licansa number

D43462

29d. Data signed (Month, Day, Year)

APRIL 9

Records. of Vital Division 24 nours

> State Registrar

29b. Signatura and titla of certifian

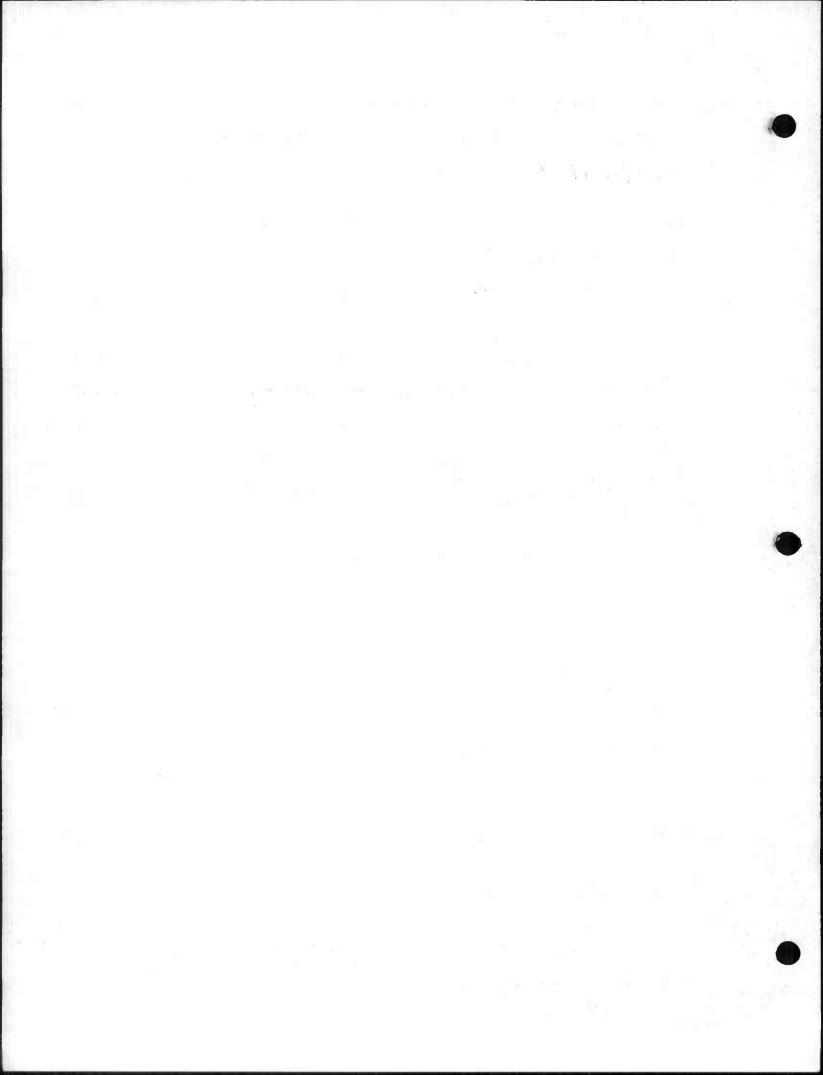
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29a. Cartifiar (Check only one)

CENTER NORTHWEST HOSPITAL 32 Registrar's That 1900

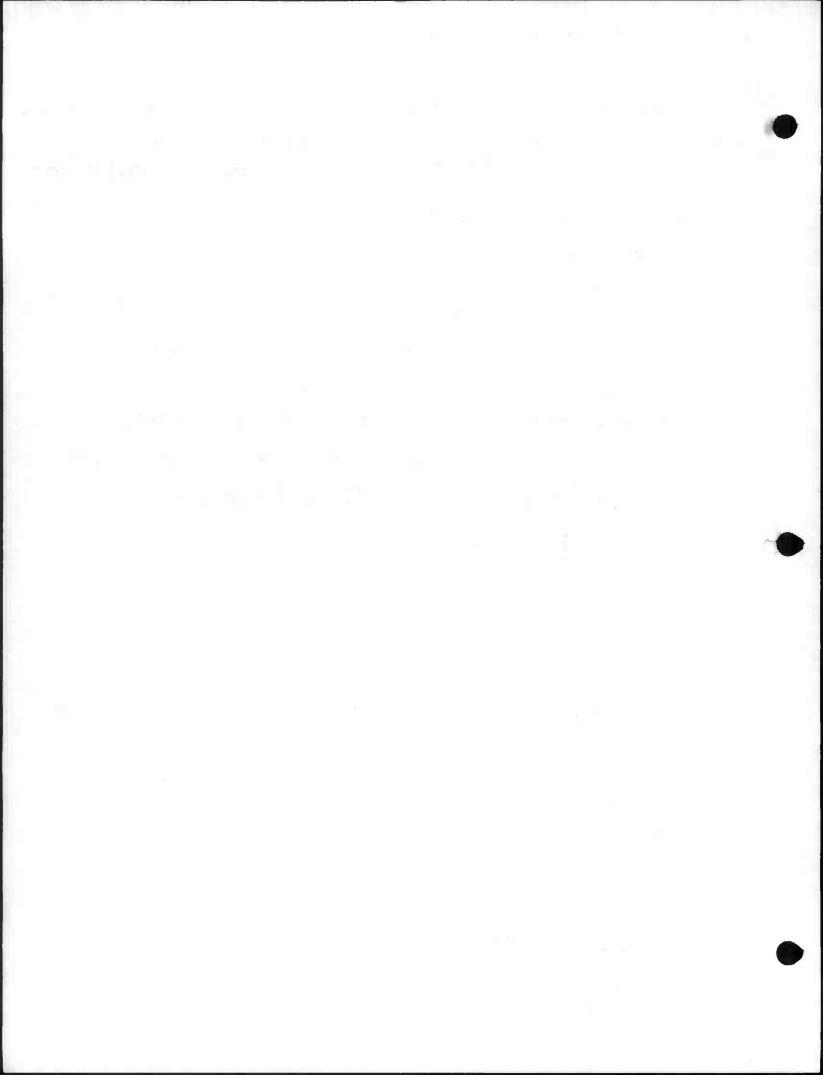
1<.5. RAO. 171.19

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) K. S. RAO. M. - O.



State of Maryland / Department of Health and Mental Hygiene Q 7

						Cen	tificate of	Death		Reg. No.) [11330
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Examin	_	4a. Facility Neme (If not insti	tution, giv	a street and number,				4b. City, Town, o	r Location of Deat	h 4c. Count	y of Death	
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uneral	7	5. Social Sacurity Number	6. S		ge (In yrs. last l		If Undar 1 Yaa Months Days	r If Undar 24 Hr	s. 8. Data of Bi	th av. Year)	9. Birth	piaca (Stata or Foraign
ector		212-03-8234		×□M 2□F 86		Yrs.	July C	110010	MARCH 27	, 1911	BALTIN	ORE, MARYLAND
	-	Usual Residence of Dacedar 10a. Stata 10b. Co			10c. City, To		ation					
ze Medical Examiner must be notified at	7		476400									10d. Inside City Limits
	Director		IMORE		BALTIMO	HE WU						1 ☐ Yes 2 🕅 No
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	Funeral	9427 SEVEN COUR	IS D	RIVE			21236			U.S.A.		
	S	11. Marital Status		12. Wes Dacedant Armed Forcas		13. W	es Dacedant of Yes, specify Cui	Hispenic Origin? (ban, Mexican, Pus	Specify Yes or No rto Rican, etc.))- 14. Ra Bia	ce - Amerk ick, White,	
	by F	1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Divo		1 X Yas 2 ☐ If Yes, Giva	No	1	☐ Yas 🎾 No	Specify:		Speci	V: LI PT	-
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	ို	MARTIN RAUSCHER 19a. Informant's Name/Raie	ionshin //	Tyne Print)	10	h Mailine	Addrage /Strac	et and Number or F		or City or Tour	State 7in	Code
		ANNA M. RAUSCHEF						IS DRIVE E				Coda)
	ŀ	20a. Mathod of Disposition	(4471	(L)	20b. Place	of Dispos	ition (Nema of		Data	20c. Location		own State
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	1	4 □ Donetion 5 □ Oths			PARKWO	1		PRIL 15, 19	9/	BALTIMOF	KE, MAH	RYLAND
once.		21. Signature of Funeral Ser	/) Licen	1			Name end Addr		, INC.			
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al er		Immediata Causa (Final disaasa or condition		Prol	oable		Arry	hmia				
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		Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaase or injury that Initiated avents	J	Cor	onarc	1	Arlex	y di	sease		i	
	edicai	that Initiated avents rasulting in death) Last	1	C	Dua to (or es e		ance of):	1				
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	L L	4 ☐ Homicida		building, et	c. (Specify)				City or To	wn, Steta)		
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	edical	(Check only 2 Mad	cal Exam	Inar: On the basis of and mannar st	axamination a	nd/or inva	stigation, in my	opinion, daath occ	curred et tha tima,	data and place,	and dua to	tha cause(s)
7	-	29b. Signatura end title of ce	tifiar	Q				ise number	T	29d. Data signe	ed (Month,	Day, Year)
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State		31. DatAt DORMONE, 920	7"	J. SZ. FIBUISIT	ar's Signatura							



State of Maryland / Department of Health and Mental Hygiene 97 11357

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	Physic /Medi		Thomas	F Si	mmo	nite	-, I	11		Month APRIL 1	Day 4,1997	Year	9:12 a
	Examir		4a. Facility Nama (If not institution	n, give street and number)				4b. City, To	own, or Loc	cation of Death	4c. County	of Death	
			THE JOHNS HOPE	XINS HOSPITAL				BALTI	MORE	CITY	NA		
	Funerai Director		5. Social Security Number 251-43-2949 Usual Residence of Decedent	6. Sex 7. Age 1) A. M 2□ F	(In yrs. last birti		Undar 1 Yaar onths Days		Min.	8. Date of Birth (Month, Day, uly 21	Year) , 197	9. Birthpl Coun 9 S	lace (State or Foreign try) outh Caro
	pung at at		10a. State 10b. County		10c. City, Town	or Locatio	n					10	0d. Insida City Limits
	with the Maryland is or 28a-f show Lbe notified at	Director		rleston	MOUN		EASAN	Т					1 Yes 2 No
	E 9 8		10e. Street and Number			16	Of. Zip Code			10	g. Citizen of \	What Coun	try?
	nath Dast	ara.	986 Colonia				2946				USA		
020	within 72 hours after death with the Marylar ene. than "natural", or learns 23s or 28s-f show he Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Marr 3 Wildowed 4 Divorced	If Vac Cine		If Yes	Decedent of s, specify Cut Yes 2 No	oan, Mexicar	n, Puerto F	cify Yes or No- Rican, atc.)		e - Americ ck, White, c : Wh	
9	2 ho	pet	15. Deceden	t's Educetion	16a.	Decedent's	s Usuai Occu	pation		1	6b. Kind of B	usiness/Ind	dustry
21215-0020	William Page	Completed	(Specify only higher Elementary/Secondary (0-12)	College (1-4or 5	+)	(Give kind life: DO N Stud	of work done IOT use retire ent	a during mos ad)	st of workin	ng .	Stude	ent	
p	Hyging officer and, I	BeC	17. Fathar's Name (First, Middla,	Last)				18. Mothe	er's Name	(First, Middle, M	laiden Sumem	ne)	
2	Mental Mental urked o	To B	Thomas F.	Simmonite	, Jr.			1	Ann	M	cCown		
Maryland	S D E E	-	19a. informant's Name/Raletions	hip (Type, Print)	19b.	Mailing Ad	idress (Stree	t and Numbe	er or Rural	Route Number,	City or Town,	Stete, Zip	Code 29464
	and 2 saith a n 27 is ser trau		Thomas F. Sim	monite, JR						Mount			
Pre-	- T E E		20a. Method of Disposition	4	20b. Place of	Disposition	n (Name of ry or other pla				Oc. Location -		
Baltimore,	O		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S)		Chris		* .	,	4	-15-97	Mt.	Plea	asant, SC
Ball	pemit. Pa Department Important: any injury once.		21. Signature of Funeral Service	Licensee 6		H		W. Je	enki	ns & S			
			23a. Panti. Enter the disease, or shock, dr healt fallure. List	complications that causad	the death. Do n	ot antar the	a mode of dy	ork I	Rd • ,	Baltin respiratory arra	more,	MD	21212 Approximata
	Physician		shock, or heart failure. List	only one cause on each lin	е.					. ,			Interval Between Onset and Death
9:	/Medical		Immediate Cause (Final	E	10	05^						- 1	40 1000
	Examiner		disease or condition resulting In death)	a. Func	Ja1 20	5621	>					_	sivan ar
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	uted d ansit	Examiner	Convention list conditions	b. Indu	oue to (or as a	ممدووسو	when he	Livi	_				years
Ď.	execute an an ial-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Car	Miner	4	A 01).						years 17/2 years
68760,	e be	edical	cause. Enter Underlying Cause (Disease or injury that Initiated events		Dua to (or as a co		e of):					-	1 + 12 years
x 68	ertificate be executed ding physician and se as the bunal-transit	/Medi	resulting in deeth) Last		oua to (or as a co	onsequenc	e 01).						
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7	requires that the death	by Pt	protein mal	notition			-			1 Ve	8 2 0 No	3 Prob	bably 4 Unknown
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8	0.10	Completed	portal vei	in thron	bosis	wit	1			perform	ad?	cor	allable prior to mpletion of ceusa death?
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⋛.	Direct	Certification:	4 ☐ Homicide determ	building, etc	(Specify)	III, 30000, I	actory, omoe		_	City or Town,		01 01 710101	riodio (vambo),
	1111		29a. Certifier TSOCertifyin	g Phyalcian: To the best of	my knowledge	death occu	urred at the ti	ime date an	d piage, as	nd due to the ce	usa/s) and me	nner ac et	etod
	14 2 3	edicai	(Check only 2 Medical I	Examiner: On the basis of end manner stat	exemination and	or investig	getlon, in my	opinion, dee	th occurre	d et the time, de	te and plece,	end due lo	the cause(s)
	040	Me	29b. Signature and titla of certifier				29c. Licen	se number		29	d. Date signe	d (Month, L	Day, Year)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month 1997 APRIL 12 2059 PAUL NELSON SCHIAFFINO 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth ST AGNES HOSPITAL BALTIMORE N/A5. Social Security Number If Under 1 Year If Under 24 Hrs. 6 Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1 M 2 □ F Months Days Hours Min Yrs. 212-03-1314 July 8, 1916 Maryland Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 49 Delrey Avenue 21223 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐,Yes 2 ☐ No If Yes, Give Yeer or Dates: [\(\overline{\psi} \ Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: White o 3 Widowed 4 Divorced 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Quality Control Inspector Dept. of Defense 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) James Hector Schiaffino Mary Susan Hawkins 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha E. Schiaffino/wife 49 Delrey Ave. Catosville, MD 21228 20b. Place of Disposition (Name of MD) Veterans Date Camptery, crematory or other place) Garrison Forest Cemetery 4/16/97 20a. Mathod of Disposition 20c. Location - City or Town, State ¶ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Owings Mills, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility MacNabb Funeral Home, P.A. Edward A. Gregorchik 301 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Acute MyocAnniel INFANCTION Immediate Cause (Finel < /day disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Yes 2 No 3 Probably 4 Unknown lenol insufficiency 24b. Were autopsy findings evailable prior to ANEMIA 24a. Was an autopsy performed? completion of ceuse of death? 01685AVE APANT 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) 1 Yes 2 No

Examiner and P.O. Box 68760, the

Records,

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Physician

/Medical

Physician

/Medical

Examiner

Funeral

Director

must be notified at

natural, or items 23a

Hygiene.

permit. Pages 1 and 2 should be filled wit Department of Health and Mental Hygiens important: If Item 27 is marked other tha any injury or other traumatic event, Ital. ORGS.

the

death

72 hours after

Baltimore, Maryland 21215-0020

Director

by

Physician/Medicai signed by t Be Completed by Certification: To this

27. Manner of Death

1 Natural
2 ☐ Accident

3 Suicide

29a. Certifier

Medicai

4 Homicide

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Date of Injury (Month, Day Year) 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

3449 Wilkers Ave Beltimone

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) end menner es steted.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated. 29b. Signature and little of certified

28c. Injury at Work?

5 Pending investigation

6 Could not be determined

29c. License number

29d. Date signed (Month, Day, Year) 036336 April 12, 1997

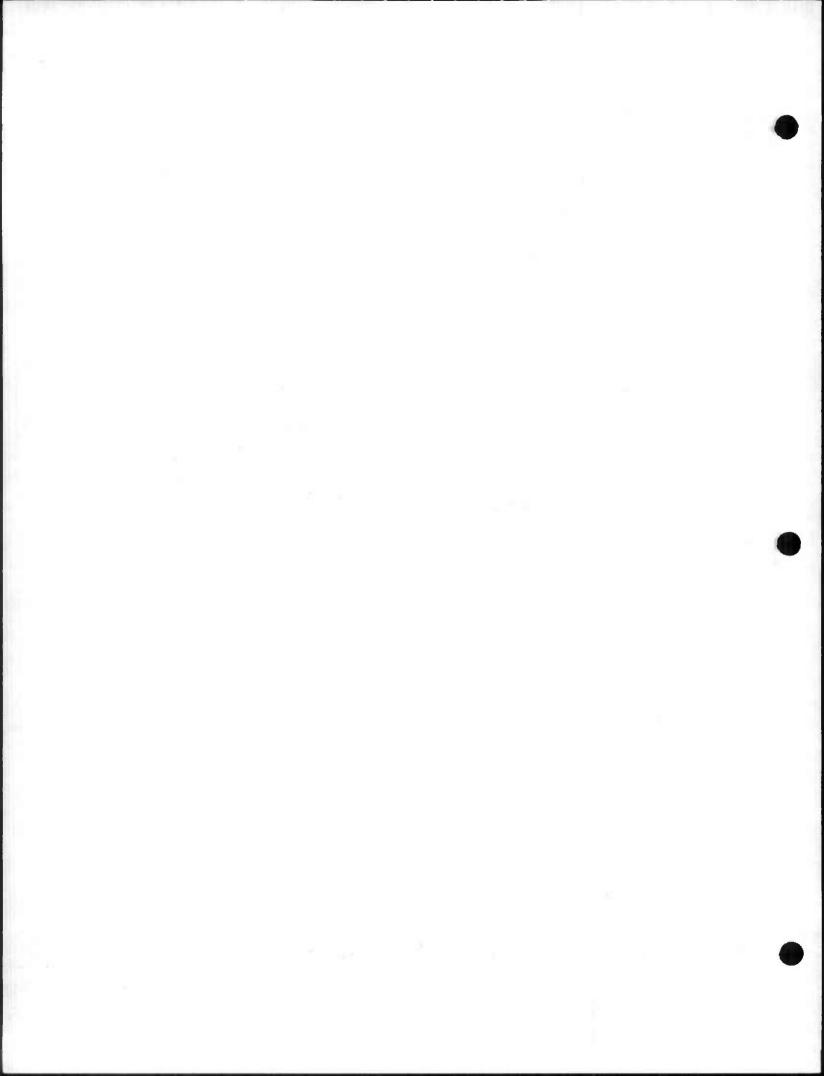
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State of Maryland / Department of Health and Mental Hygiene 97 | 1359

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State of Maryland / Department of Health and Mental Hygiene

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Him	permit. Peg Department Important: if any injury o		4 Donetion 5 Other (Specify) 21. Signature of Funaral Service License	GI	ARRISON	FORE	ST K	1-13-97	OWING	S HIL	US, MA.
Ba	permit. Departr Importu any inj		I Signature and the second	0.0	JOS	EPH	H. BR	LOUN.	JR. Fu	NERA	L HOME
	-		23a. Part1. Entar tha disaasa, or complic shock, or haart failura. List only on	cations that caused tha dae	th. Do not antar tha	40 N moda of dyln	g, such as cardiac	or respiretory	E. BAL arrest,	A	HD, 21217
	Physician /Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in death)		Live H					1	ntarval Batween Onsat and Death
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	be executed slotan end bunel-trensit	Examiner	Sequentially list conditions	. Acute	or as a consequence	A	railore			14	doys
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0	that the dead by the deteched	Physician/M	Part II. Other significant conditions conf		sulting in tha undarlyi	ng cause giv	en in Part I.				he cause of death? bly 4 Unknown
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Vital	Physician: The this certificate ral director, pag	Be	25. Wes casa rafarred to medical axaminar?	ospital:		Oth	26. Placa of Dea				
of	hys I di	ition: To	1 Yas 2 No '' 27. Mannar of Death 1 Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Year)	ER/Outpatient 3 28b. Tima of Injury	28c. Injun World	er: 4 Nursing H y at k? Yas 2 No		sidance 6 Oth e how injury occurr		
Division	tal or Attending Pins offer death. In Director: After tiled in by the funera	Certification:	2 Accidant 3 Suicida 6 Could not be datarmined 4 Homicida 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify)						(Street and Numb own, Stata)	er or Rural F	Routa Number,
	To the Hospital or A within 24 hours effer To the Funeral Directon pletely filled in b	edical	29e. Cartifiar Certifying Physical Control (Check only one) (Check only one)	ician: To the best of my kno ar: On the basis of axamina and mannar stated.	owledga, daath occur ation and/or invastiga	red et tha tin tion, in my o	na, date and place plnion, daath occu	, and dua to the rred at tha time	a causa(s) and me a, data and place,	enner as stet and dua to th	ed. na causa(s)
	o the	Mec	29b. Signatura and titla of certifier	and mannar statad.	Ī	29d. Date signed April	d (Month, Da	ıy, Year)			
	->-0		1 and c	2 1		March	9 1	997			
	122		30. Nama and address of person who con	mpleted causa of death (Ital)	m 23a) (Type, Print) S. G-re	ene C	10208 3+. Ba	Himor	e Mb	2/20	01
	Sta	te	31. Data filed (Month, Day, Yaar)	32. Ragistrar's Sign					/		
	Registr		APR 15 1997 4	dia Davidson-Ran	della						

1-24-45

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	1 - STATE OF MARY	LAND / DEPARTI CERTIFIC			IENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Loot) S. S.	lemak	er	Jr.	2. DATE OF DEATH DAY HOVII 10	1997	3. TIME OF DEATH 7650PM M	
			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. BATE OF BIRTH (Morth, Day, Year) Sept. 18,19	Count		
ЭR	9a. FACILITY NAME (If not institution, give street and number) DEATON (105PITA)	9		N MORE		BC. COUNTY OF D	DEATN	
5	RESIDENCE OF DECEDENT						Loss supranes	
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland N/A	8	Saltimor	ZIP CODE		10a CITIZEN OF	1 X YES 2 NO	
RA	1418 Weldon Place North		101.	21211		U. S.	2017-00-00-00-00-00-00-00-00-00-00-00-00-00	
FUNERAL		R IN U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Year	or No.— I 14. BAC	E — American Indian.	
Β¥	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced 12. WAS DECEDENT EVEL FORCES7 1 ☒ YE FORCES7 1 ☒ YE FYES, GIVE WAR OR 5 ─ 7 3 / 7 1 - 6 /	DATES	If yes, spe		, Puerto Ricen, etc.)	Spec	ck, White, etc.	
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	rk done durina mo:	N st of working	16b. KIND OF BUSI	NESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade	labon	retired.)		Baltin	mroe Ci	tu	
NW.	17. FATHER'S NAME (First, Middle, Last)	Lubort	.01	10. MOTHER'S NAI	AE (First, Middle, Maiden Si		cy	
	Richard S. Slemaker Sr.				a Stafford			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a		oute Number, City or Town,			
2	Patricia Ittner (Mother)	1418 W	eldon F	Place Nor	th, Baltim	ore, Md.	. 21211	
	20a. METNOO OF DISPOSITION 1 [¥] Burial 2 □ Cremation 3 □ Ramoval from State	10b. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LOCA			
	4 Donation 5 Other (Specify)	Moreland M			174/97 Balt	timore, M	aryland	
- 53	21. SIGNATURE OF FUNERIAL SHAVICE LICENSEE	7	Schin	ILINOR FUN	eral Home	Inc.		
	· Many	• 			ane, Balti		d. 21213	
	23. PART I. Enter the diseases, or complications that cause or shock, or heart failure. List only one cause or		t enter the mo	de of dying, auci	as cerdiec or respire	atory arrest,	Approximate Interval Between	
			~		10	N. Park	Onset and Death	
	disease or condition aaa	PULMONA	zy ch	Bolus	NED MED	7/	nace	
_	Due to (on A	+ Ru Go H	velia 71	worters	PI ALESTO IN MED	1.00	115+	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	PARA PLE				//	W.	
8	CAUSE (Disease or Injury S. C.		4	4.	1891	MARINE BY MEDIC	SEE 1.13	
E	that initiated events resulting in death) LAST	S A CONSEQUENCE OF):				WITH MY MICH		
H	d.				100 mg	Mar	-i	
AL C	PART II. Other algnificant conditions contributing to deat	but not resulting in	the underlying	cause given in	Part le 1:24k was an a	AUTOPSV 24	B. WERE AUTOPSY FINDINGS AMALAINE PRIOR TO	
	DECUSITUS /ULCER /HYOCUTI	thue ous f	CHP/U	rosersi	S. VES 2	XNO	COMPLETION OF CAUSE OF DEATH?	
MEDIC	GASTO INTESTINAL HEAD	der have	- 1		3		1 THE 2 NO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIN	V 🗆		/-	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATN	(Check only one)					
YSI	1 YES 2 NO 1 Inpetient 2 ER/C	outpetient 3 DOA	t ☐ Nursing Hom		8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME INJU UNK	RY, WO	RK?	VEHICLE .		by vancle	
	3 Suicide 8 Could not be building, atc. (3	JRY — At home, ferm, str Specify)	reet, factory, offic	•	28f. LOCATION (Street ar City or Town, State) しん にんっ		i Route Number,	
Ē	29a, CERTIFIER							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beat of examin						o(a) and manner as stated.	
29d, DATE SIGNED (Month, Day, Veer)								
TO B	James P.G. Typy us	>		Do 134	16 APK	3PL 4/6	19 (1) 11 /97	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATON SPE		HOSPITUL	611 5 Cita	PLES ST	21230	
	31. DATE FILED (MORTH, Day, Year) APR 15 1997 January Standard		1					
	71.11 1997	1					DHMH-18 Rev 1/89	

State of Maryland / Department of Health and Mental Hygiene

11362 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death pyl qay **Physician** Month Shivers Ruth : 12AM /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street end numbe Examiner St. AGNES BALTIMS RE

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) NIA HOSPITAL If Under 1 Year 5. Social Sacurity Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1□M 2XF Days 85 Yrs Director 240-14-1530 FEBRUARY 10, 19/2 GEORGIA Usual Residence of Dacedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1M Yes 2□No NIA BALTIMORE Director MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? BATEMAN AVENUE 21216 4023 USA, Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give
Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. Pages 1 and 2 should be filed within 72 hours efter on nent of Health end Mental Hygiene.
snt: If item 27 is marked other than "natural", or ites ury or other traumatic event, its Medical Examinal 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1□ Yes 2No Specify: Specify: BLACK þ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) 8 TH GRADE College (1-4or 5+) MACHINE OPERATOR SEWING COMPANY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be EDWARD HAMPTON 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurei Route Number, City or Town, State, Zip Code) TER) 43/9 ELDERON AVENUE, BALTIMORE, MD. 2/2/5

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

Date

20c. Location City or Town, State CARRIE PURVIS (GOD DAUGHTER) 20a. Method of Disposition

12 Burlal 2 □ Cremation 3 □ Removal from State permit. Page Department o Important: If any injury or ARBUTUS CEMETERY 4-14-97 ARBUTUS, MARYLAND

22. Name and Address of Facility

JOSEPH H. BROWN JR. FUNERAL HOME, P.A.

2148 N. FULTON AVE. BALTIMORE HD. 21217

a death Do not enter the mode of dvinc. such as cardiac or respiratory arrest.

Approximate 4 ☐ Donation 5 ☐ Other (Specify) re of Auneral Service Ligs 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate **Physician** /Medicai Immediate Causa (Final hepatic Failure disease or condition resulting in death) Examiner Examiner the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) end Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) as Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the d 23b. Did tobacco usa contributa to the cause of death? renal failure 1 Yes 20 No 3 Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of daath? Completed throm bosis 24a. Was an autopsy performed? venous After this certificate hes 2 No 1 ☐ Yes 2 No Division of Vital Attending Physician: 25. Was cese raferred to medical axaminer? Be 26. Place of Death (Chack only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 1 Natural 2 ☐ Accident 28c. Injury at Work? 28a. Date of Injury (Month, Day Yeer) 28b. Time of 28d. Describe how injury occurred 5 Panding investigation ier death. 1 Yes 6 Could not be 3 Sulcide 28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) P11082 30. Nama and address of parson who completed causa of death (Itam 23a) (Type, Print) Baltimore Caton Ave. 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature APR 15 1997 Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month RUTH SMITH APRIL 1997 9:14 AM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Nursing Horizon Yrs. Age (In yrs. last birthdey) Baltimore Granada if Under 1 Year 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** Deys Hours 223-07-053 9 Director June 25, 1905 Virginia Usuel Rasidence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show na 23a or 28a-f show Baltimore 1X Yes 2 □ No Director 10e. Street and Number 10a. Citizen of What Country? 10f. Zip Code 4017 Liberty Avenue Funerai Heights Nema 2 Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Datas: 11. Maritel Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, White, etc. the Medical Examiner filed within 72 hours efter 1 Never Married 2 Married 21215-0020 6 Specify: Black 1 ☐ Yes 2 No Completed by 3 ☐ Widowed 4 ☐ Divorced "natural", 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry I Hygiene. Elemantary/Secondary (0-12)

Reade

17. Fether's Name (First, Middle, Last) Collaga (1-4or 5+) Nurse 18. Mother's Name (First, Middle, Maiden Surname) Baltimore, Maryland d 2 should be fi. h end Mental H r is marked oth Be permit. Pages 1 end 2 should be Department of Health end Mental Important: If Nem 27 is marked of any lightly or other traumatic evants.)aniel Ella 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lyndhurst Street, Baltimore, Maryboda 1229

Lion (Name of Data 20c. Location - City or Town, State E. Robertson arole 20b. Plece of Disposition (Name of cematary, cremetory or other plece) 20e. Method of Disposition 1 Burlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lemetery 4-10-97 Richmond, Virginia Kiverview 21. Signature of Funeral Seprice Licensee 22. Name and Address of Facility JR. Funeral Home, P.A. 2340 N. Fulton Avenue, Baltimore, Mary and 21217
Shoot or heart failura. List only one cause on each line.

240 N. Fulton Avenue, Baltimore, Mary and 21217
Approximete Approximete Interval Between Onset and Deeth **Physician** /Medical immediate Ceuse (Final suspacked & minutes myocondial acute disease or condition resulting in death) **Examiner** Due to (or es a consequence of) heart disease 54-5 horselorence Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in death) Lest Due to (or es e consequence of): The law requires that the death certificate be execu eshle Box 68760. ed by the attending physician deteched for use as the burie Physician/Medicai Due to (or as e consequence of): 1042 Demento of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detech 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? certificete has 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese raferred to medical 26. Placa of Death (Check only ona) Other: 4 Unursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 0 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28e. Data of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. injury et Work? 5 Panding investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hou To the Funer completely fills the Hospit 1 Certifying Phyalcian: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only one) 29b. Signature end title 29c. License number 29d. Date signed (Month, Day, Year) bi 416197 D 364941 MD 81860 (410/848; 8446 30. Name end address of person who complated cause of deeth (Item 23a) (Type, Print) wilkons DESA I MA) 4660 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signatura State APR 15 1997

DHMH 16 Rav 6/95

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Silvina Month gado APRIL 9,1997 22:55 p 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death JOHNS HOPKINS HOSPITAL BALTIMORE If Under 24 Hrs. BA Ho. CITY 5. Social Sacurity Number If Undar 1 Yaar 8. Data of Birth (Month, Day, Year) Feb - 17, 191 9. Birthplace (St. te or Foreign Fountry) PUERTO RICO 7. Aga (In yrs. last birthday) 1□M 20 F Days Months Hours 582-44-8533 Usual Rasidanca of Dacadant Yrs. ,1917 10b. County 10a Stata 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No OWSON 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ACORN URRTU KICO 4. Race - American Indian, KICO Was Decedent Evar in U,S. Armad Forcas? 1 Yas 2 No If Yas, Giva Year or Datas: 13. Wes Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, etc. 1 Navar Married 2 Married 2 No D 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during lifa. DO NOT usa ratired) Elemantary/Secondary (0-12) College (1-4or 5+) 17. Father's Nama (First, Middle, Last) 19a. Informant's Name/Flalationship (Type, Print) TOWSON MO. 21286 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Salvice Licansaa 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. Approximate Interval Batwaan Onset and Deeth Immadiata Cause (Final disaasa or condition resulting in death) Metastatic years ovarian Due to (or as a consaquence of) Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disease or injury that initiated events rasulting in daath) Last Dua to (or as a consequenca of): Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Ware autopsy findings eveilebla prior to complation of causa of death? 24a. Was an autopsy performed? 1 ☐ Yas 1 ☐ Yas 21 No 25. Wes casa raferred to medical examinar? 26. Place of Daath (Chack only ona)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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itеms 23a

permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Healin and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, the Mental Engine

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

traumatic event, the Medical Examiner must be notified at

the Maryland

Examiner

physician end s the buriel-transit Attanding Physician: The law requires thet the death certificete be executed P.O. Box 68760. signed by the ettending p Records, Division of Vital this funerai After er death.

þ

1 Yes 2 No

27. Mannar of Death

Natural

3 Suicida

29a. Cartifier

Physician/Medical Be Completed Medicai Certification: To

31. Data filed (Month, Day, Yaar) State APR 15 1997 Registrar

invastigation 2 Accident 6 Could not be datermined Placa of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 4 | Homicide

5 Panding

1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Tima of

Other: 4 Nursing Homa 28c. Injury at Work?

1 ☐ Yas 2 ☐ No

Location (Street and Number or Rural Route Number, City or Town, Stata) Cartifying Physician: To the bast of my knowladga, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar as stated.

Medical Examinar: On the basis of axamination end/or invastigation, in my opinion, daath occurred at the tima, data and place, and due to the causa(s) and mannar stated.

28d. Dascribe how Injury occurred

5 ☐ Rasidance 6 ☐ Othar (Specify)

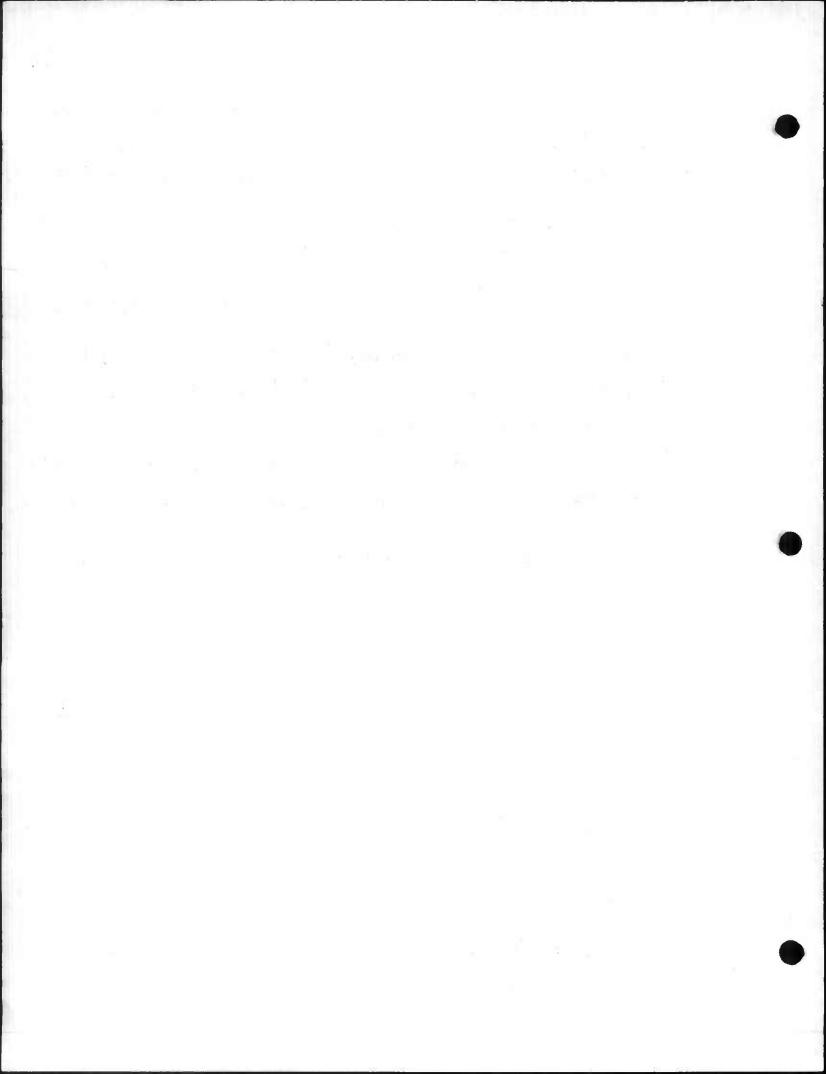
29b. Signeture end titla of cartifier

29d. Data signed (Month, Day, Yaar)

30. Nama and addines of person w cause of death (Item 23a) (Type, Print)

Hospital:

who Savidson



State of Maryland / Department of Health and Mental Hygiene 97

97 1136

							ertificate	of	Death			Reg. No.			
	5		1. Decedent's Neme (First, Midd	le, Last)							2. Date of De		14		ime of Death
	Physic		James	L.	SCHO	OLLIAN					Month April	Day	1997		40 pm.
	/Medi Exami		4a. Facility Nema (If not institution			OLLI IIII			4b. City, Tow	n, or Loc	ation of Death		County of De		40 pm
1	Exami	ilei	Franklin S			al Center			Roseda				1timo:		
Н		Н	5. Social Sacurity Number	6. Sax		e (In yrs. last birtho		Year			8. Dete of Birt		_		044. 445.44
	Funeral		215-03-9723	117 M 2		84 Yr	Months	Deys	Hours	Min.	(Month, De	y, Year)	1 (Country)	Stete or Foreign
	Director		Usual Residence of Decedant								May 26	, 1912	Z Ma	rylar	la
	pue *		10a. Stete 10b. County	,		10c. City, Town o	r Location							10d Inc	side City Limits
	Short	ក		timore		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	imore						Yes 2 No
	P 2	act.		- Imore											3 100 2 2 3 10
	章 6	Director	10e. Street end Number	1 D	1		10f. Zip C		1220				en of What (Country?	
	13 ph		7032 Greenba	ank koad	1				1220			U.	.S.A.		
	a within 72 hours effer death with the Meryland jiane. r than "nature!", or items 23a or 28a-f show the Medical Exartites must be notified at	Funeral	11. Maritel Status	12. Wes	Decedent E	Ever in U,S.	 Was Deceder If Yes, specify 	nt of F	fispenic Origi	in? (Spec	cify Yes or No	- 14	 Raca - An Bieck, Wh 		ien,
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30. Name and address of person who completed causa of deeth (Item 23a) (Type, Print) JOHN S. BRITTEN, 22 S. GRIEENE ST. BALTIMORE, MD 21	201
State Registrar APR 1 5 1997 32. Registrar's Signature	

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State of Maryland / Department of Health and Mental Hygiene 97 | 1367

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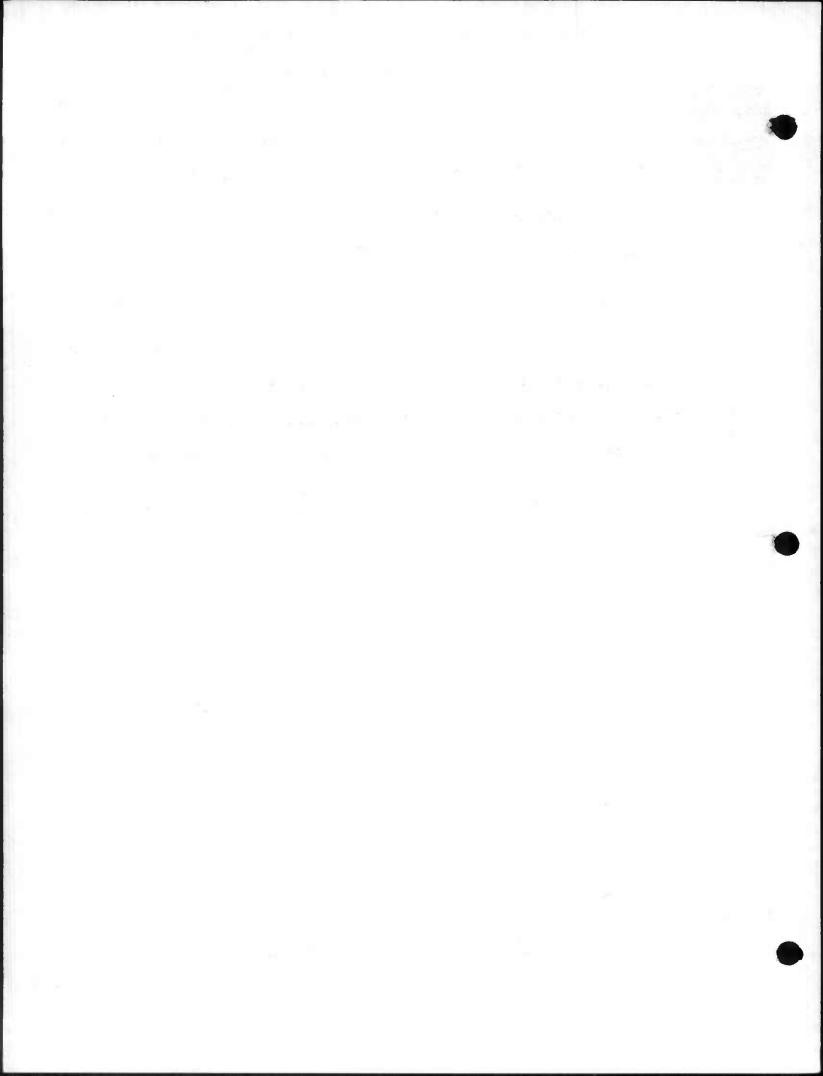
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State of Maryland / Department of Health and Mental Hygiene 97 11368

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	/Medi Exami		4a. Fecility Neme (If not institution, giv	re street end number)	OILD			4b. City, Town,			4c. County	-	
	Lxaiiii	1101	1921 Encino Driv	е				CROF	TON		ANNE	ARI	INDEL
-	Euparal		Sociel Security Number 6. S	Sex 7. Age	(In yrs. lest birth	day) If Under	1 Year	If Under 24		Date of Birth			
8	Funeral Director			I□M 2KDYF	51 Y	Months	Days	Hours N	vlin.	(Month, Dey,	Year)	Coun	lece (Stete or Foreign try)
			Usuel Residence of Decedent						IA	pr 22	1945	V	1
	yland		10a. Stete 10b. County		10c. City, Town							1	0d. Inside City Limits
	Mar And	to	Md Anne Ar	undel	Crofto	n							1 ☐ Yes ŽĒNo
	1 the	Lec	10e. Street end Number			10f, Zip	Code			1	0g. Citizen of V	Vhet Coun	try?
	3a o	0	1921 Encino Drive			21	114				USA	1	
	death me 2	Funeral Director	11. Maritel Status	12. Wes Decedent E	ver in U,S.	13. Was Deced	dent of H	Hspanic Origin	? (Specif	y Yes or No-	14. Rec	e - Americ	en Indien,
0	r he	FU	1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2√☐xN	0			en, Mexican, P	uerto Ric	an, etc.)	Blec	k, White,	etc.
21215-0020	72 hours etter death with the Manyland nature!, or items 23s or 28s-1 show dicel Examiner must be notified at	by	3 ☐ Widowed 🗱 🛣 Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2	2 XNo	Specify:			Specify	WH]	TE
0	2 ho	Completed	15. Decedent's Ed	ducation	16e. C	ecedent's Usue	el Occup	pation			16b. Kind of Bu	isiness/inc	lustry
212	nin 7	pie	(Specify only highest gre Elementery/Secondary (0-12)	ede completed) College (1-4or 5-		Give kind of wor ife. DO NOT us	rk done se retire	during most of d)	working				
21	the state of	Om	12th	College (1-401 34	7	Frame	r				Phone	e Co	mpany
D	office Hy	Be C	17. Fether's Neme (First, Middle, Last)					18. Mother's	Neme (F	irst, Middle, M	Meiden Sumem	e)	
a	ked by	To B	James David Ev	ans				Dori	s L	inz			
ary	Should N Ind N	-	19e. Informent's Neme/Reletionship (Type, Print)	19b. l	Meiling Address	(Street	and Number o	r Rural F	loute Number	, City or Town,	Stete, Zip	Code)
Σ	nd 2 lith e		Elisa Nahory/D	aughter		8 214							
ē,	Hear othe		20e. Method of Disposition			Disposition (Nen				Dete	20c. Location -	City or To	wn, State
no	ege ant o t: If i		1 ☐ Buriel 2/☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif			Crema:		•	4/	12 B	alto.	. Md	
Baltimore, Maryland	it. P		21. Signeture of Funeral Service Licer	-/-		22. Name en			47	12			
Ba	permit. Peges 1 end 2 should be filed within 72 hours eiter death with the Marylan Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or itams 23a or 28s-1 show any injury or other traumetic avant, the Medical Examiner must be notified at ance.		527/	11/1/1				FUNE	RAT.	HOME	P . A		
	_		vam go	Contra "		851 4	NN	POLTS	R-D	GAMB	RTLLS	MD	2 1 0 5 4 Approximate
			23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	one cause on each line	the death. Do no e.	t enterthe mod	e ज चप्रा	ng, such as car	diec or ri	espiratory arre	est;	1	Intervel Between Onset end Deeth
~	Physician /Medical		Immediate Course (Final	0.0	1	- 1		0		. 0	,	1	Criser and Death
	Examiner		Immediate Ceuse (Finel disease or condition resulting In death)	. Chron	in over	meter	16	rulnu	nai	1 des	ease		
					Due to (or es e co	nsequence of):			-	/		1	
	ed isit	Examiner	_	b								1	
	and I-trar	xan	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	E	Due to (or es e co	nsequence of):							
x 68760,	be ed ician buria	e E	Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of):										
87	sertificate be executed ding physician and se es the burial-transit	edicai											
	leath certific attending p	Me	d										
B	death of attended for us	lan											
o	0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.							23b. Did tobacco use contribute to the cause of de			
P.0	that the									1 /2 Y	88 2□ No	3 Prot	ably 4 Unknown
Ś	Se ig	by				-							
Records,	been s	ted								24a. Wes e perform	n eutopsy ned?	eve	eleble prior to
ec	as b	pie										of o	npletion of cause deeth?
<u> </u>		Completed								1 🗆 Ye	s 2 No	1 🗆	Yes 2 No
		Be	25. Wes cese referred to medical					26. Plece of	Deeth (C	Check only on	e)		
>	5 00	To	exeminer? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2 ER/Outp	etient 3 DO	Ott	ner: 4 🗆 Nursir	ng Home	5 D Reside	ence 6 Othe	er (Specif)
0	문 후 교		27. Menner of Deeth	28e. Dete of Injury (Month, Dey	/ 28b. Tir		8c. Injui Woi		-		w injury occurr		
0	ath. r: After e fune	atio	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation		rear/ Inju	M		Yes 2 □ No					
N	Atten r deat ector: by the	Hic	3 Sulcide 6 Could not be determined	286. Place of Injul	ry - At home, farn	, street, factory	, office		281			er or Rura	I Poute Number,
ā	105	Certification:	4 Homicide	building, etc.	(эреспу)					City or Towr	i, Stefe)		
1	Thorn a	VE.	29a. Certifier Certifying Ph	yelclan: To the best of	my knowledge, o	leeth occurred	et the tir	me, date end pl	lece, end	due to the ce	euse(s) end me	nner es st	eted.
1	M	adt	(Check only 2 Medical Examone)	niner: On the basis of a end menner stet	exeminetion end/	or investigation,	in my o	pinion, deeth o	ccurred	et the time, de	ete end piece,	end due to	the ceuse(s)
1	To to to to to to to to to to to to to to	E	29b. Signature end title of certifier	1 0		290	. Licens	e number		2	9d. Date signed	(Month,	Dey, Year)
	$\overline{}$		MALLINA	stahe	MUS		1)6	2843	6		11161	97	
A.,	W,		30. Neme end eddress of person who	completed cause of de-	ath (Item 23a) (T	ype, Print)					1/10/	1/	1.
	1		NE11.19 /	1 . / //	R MO	1/062	OR	o Fto u	10	ntor	Croft	on	md3114
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer	r's Signeture		0/1	-1 1016	UCI	1101	0,011	- /	1111
	Registr		APR 15 199	7 Shie	Davidson-17	andell							
100													

DHMH 16 Rev 6/95



			Decedent's Neme (First, Middle, Last)		ryland / [ent of	Health and M	lental Hyg R 2. Dete of Deet	eg. No.	7	1369	
	Physic		LAWRENCE	ROBERT	57	STEINBACH			Month APRIL	Day 10	Yeer 97	10:50 PM	
	/Medi Exami		4e. Fecllity Neme (If not institution, give	street and number)				4b. City, Town, or Lo		4c. County		10.30 1 111	
L			St. Agnes Hospita		//	u i Hilo	dor 1 Vo	Baltimore or If Under 24 Hrs.		N/A			
	Funerai Director		213-32-7172		(In yrs. last bin	Months De			(Month, Dey,	8. Dete of Birth (Month, Dey, Yeer) March 25, 1935		9. Birthplece (State or Forei Country) Maryland	
	pue *		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location					10	d. Inside City Limits	
	a-f sho	ctor	Maryland Baltimo		Baltimo								
	th with the	Funeral Director	10e. Street end Number 126 Lavern Avenue			10f. Zip Code 21227				og. Citizen of V United		•	
020	72 hours efter death with the Maryland "natural", or items 23a or 28=f show becal Examine must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 译Yes 2 No 195 If Yes, Give Year or Dates: 195		52- If Yes, specify Cuban, Mexican, Puerto F		ecify Yes or No- Rican, etc.)	Bled	e - Americe k, White, e Whit	tc.		
2-0	n 72 ho "natur	De le	15. Decedent's Edu (Specify only highest gred	cation	18e.	18e. Decedent's Usuel Oc		Occupation done during most of working		16b. Kind of Bu	siness/Ind	ustry	
2121	within	Completed	Elementery/Secondary (0-12)	College (1-4or 5+		life. DO NOT	use reti	e during most or work red) ngineer		Boilers			
P	Hygie Hygie other ent, II		17. Fether's Name (First, Middle, Last)	,			,	18. Mother's Name					
lan	Mentel Mentel of Briked of Bric ave	To Be	Ralph Steinbach					Alice Ma	ae Brown				
Maryland 21215-0020	d 2 sh th end 7 is m traum	-	19a. Informant's Na <i>me</i> /Reletionship <i>(Ty</i> Shirley Steinbach					et and Number or Run Venue, Bal			Stete, Zip (Code)	
Baltimore,	of Hearlifern other		20a. Method of Disposition 1 🖾 Burial 2 □ Cremetion 3 □ R 4 □ Donetlon 5 □ Other (Specify)	emovel from State	cemeter	Disposition (f y, cremetory of n Park	or other p		Dete 4/16/97	20c. Location - Baltimo			
Balt	permit. Pege Dependment of Important: If any injury or once.		21. Signeture of Funeral Service License	Di My	9	1		ress of Fecility Lou cens Ave.,			2122		
	Physician		23a. Per11. Enter the disease, or complishock, or heart fallure. List only or	cations that caused to be cause on each line	ne death. Do r	ot enter the m	node of d	ying, such es cerdiac	or respiretory erre	est,		Approximate Intervel Between Onset end Death	
ľ	/Medical Examiner	J	Immediate Ceuse (Final disease or condition resulting in death)		ATIC ue to (or as a			10 CAR				Z MONTH	
c 68760,	certificate be executed nding physician end use as the bunel-transit	Medical Examiner	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest		ue to (or as e d	onsequence o	of):	R OF	THE	RECTU	m	Z MONTH	
O. Box	ettel	ysician/M	Part II. Other significent conditions con	tributing to death but	not resulting In	the underlyin	g ceuse (given In Part I.	23b. Did to	bacco use cor	ntribute to	the cause of death	
s, P.	gned by	by Phy	PULMONALY	1 Emb	02.15	m			1 🗆 Y	88 2□ No	3 ☐ Prob	abty 4 Unknow	
Record	aw requir	Completed	CHRONIC RE	STRACTI	VE P	ULMON	MAR	J DISEAS	E 24a. Wes as perform		con	re autopsy findings leble prior to apletion of cause eeth?	
	E 0 0		VINTIENTA VITALITA FAIRVINIA RISERSE								10	Yes 20 No	
Vital	Physician: The raths certificate and director, pag	Be C	25. Was case referred to medical exeminer?	ospitel:				26. Place of Death					
ō	this ald	: To	1 ☐ Yes 250 No 27. Menner of Death	1 Inpatient 28a. Dete of Injury	2 ER/Out		DOM	4 LI Nuising no	me 5 Reside				
ion	ath. r: After e funer	ation:	1 Naturel 5 Pending investigation	(Month, Day		ime of njury M	28c. In W	ork? □ Yes 2 □ No	28d. Describe ho	m injury occurr	60		

DIVISION Of Vital Record
To the Hospital or Attending Physician: The lew requiremental phector: After this certificate has been s

Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

3 Suicide

29a. Certifier (Check only one)

4 - Homicide

SURGICAL RESIDENT

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29c. License number

29d. Dete signed (Month, Day, Year)

APRIL II, 1997

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Neme and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

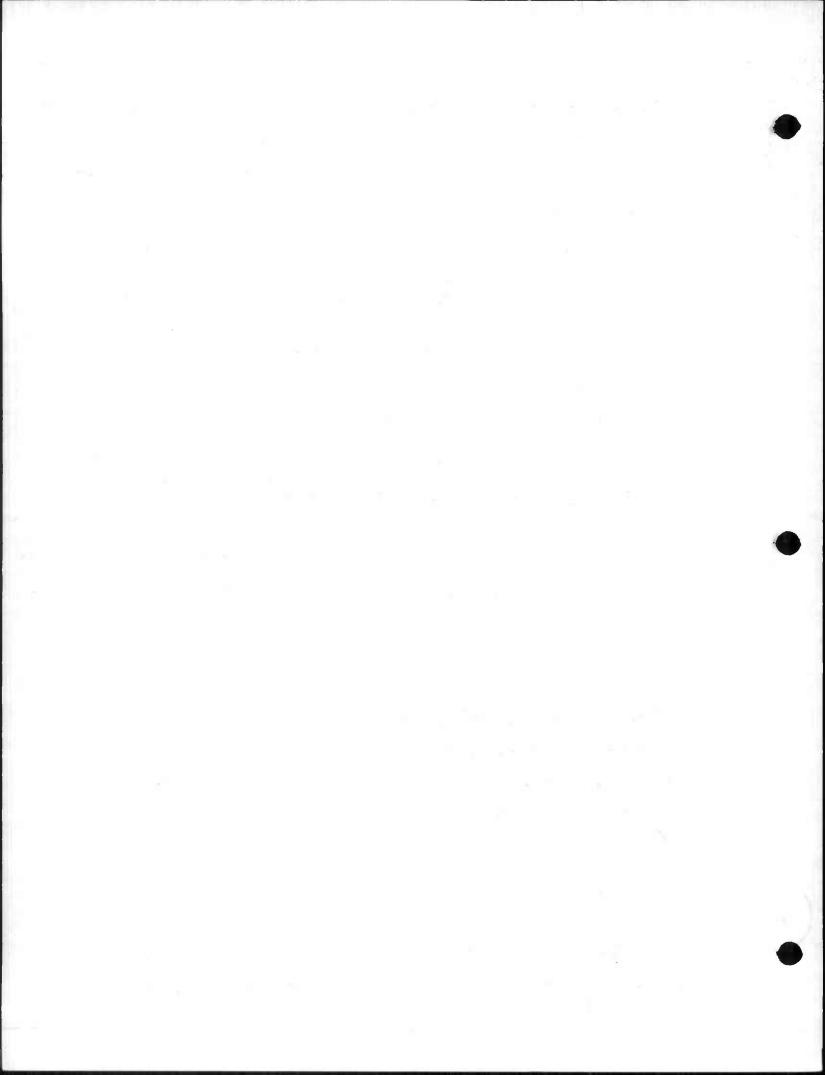
6 Could not be determined

RONALD H. MELEAN 900 CATON AVENUE, BALTIMORE MB. 21229

1. Dete file Pany. 521997 give Javidson-Mandelle

State Registrar

Medical Certifical



State of Maryland / Department of Health and Mental Hygiene \, 🔾 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Vear **Physician** ELSTE SEIDMAN 1997 APRIL 0730 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CATONSVILLE BALTIMORE CATONSVILLE COMMONS NURSING HOME If Under 1 Year | if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 1917 Significantly BALTO., MD 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys Hours 1 ☐ M 2 ☑ F 217-38-4139 Yrs Director 80 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 Yas 2□ No Directo BALTIMORE CITY BALTIMORE (CITY) 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with U.S.A. 4201 LABYRINTH ROAD 21215 Funeral deeth 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Healith end Mental Hygiene.
Important: If item 27 is marked other then "natural", or ite my injury or other treumatic event, it a Medical Evention any fillury or other treumatic event, it a Medical Evention. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify by 3 □Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) STANDARD TEXTILE CO. 12TH GRADE BOOKKEEPER 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) ESTER COHEN MARTIN RUBIN BAUMOHL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 203 EDEN ISLES - SLIDELL, LA 70458 MARTIN R. SEIDMAN (SON) 20b. Place of Disposition (Neme of commetery, crematory or other place)
THE NEW OHR-KENESSETHTSRAEL-ANSHE-STARS CONGRE 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 04/15/97 4 ☐ Donation 5 ☐ Other (Specify) ROSEDALE re of Funerel Service Licensee 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical tmmediate Cause (Final disease or condition resulting in deeth) . Metastatic Adeuocarcinoma, Unknown 10 months **Examiner** Due to (or as a consequence of) Examiner physicien and the buriel-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events Due to (or as a consequence of): sion of Vital Records, P.O. Box 68760 Physician/Medical that initieted events resulting in deeth) Last Due to (or es a consequence of) 98 signed by the et d be deteched for Part it. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 20 No 3 ☐ Probabty 4 ☐ Unknown þ 24b. Were eutopsy findings available prior to completion of ceuse of death? should should leted 24e. Was en autopsy performed? Compi 280 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitat: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nurstng Home 5 Realdence 6 Other (Specify) 2 this 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how triury occurred Neturet 5 Pending death. 1 ☐ Yes 2 ☐ No 2 Accident investigation ë 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8 8 12 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated. Medical 29e. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture and title of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) 4-13-97 716 maidenchoice La 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD. Suite 205 Matonsville Med Ctr. md 21228 Johnson

State Registrar 31. Date filed (Month, Day, Year)

APR 15 1997

32. Registrars signature

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#19B PER F.H. FLM#G746 4/15/97 J.A 1. Dacedent's Nema (First, Middla, Last) 3. Tima of Death 2. Data of Daath **Physician** ARGARE /Medical 4c. County of Deeth 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daeth **Examiner** 5. Social Sacurity Number if Under 24 Hrs. 8 Date of B 105 If Under 1 Year 6. Sex / 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Days Hours 216-243776 Usuai Rasidence of Dacedant Yrs Director the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Improcramt: if item 27 is marked other than "natural; or item 23 a or 28a-1 show any Injury or other traumatic event, The Modified Examinet must be notified at any Injury or other traumatic event, The Modified Examinet must be notified at 1 Yes 2 No 10a. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? 5608 6 Funeral 11. Marital Status 12. Was Decedant Evar In U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No If Yas, specity Cuben, Maxican, Puarto Rican, atc.) 1 ☐ Navar Marriad 2 ☐ Married l ☐ Yas 2/2 f Yas, Giva Yeer or Datas: 2 No 1 ☐ Yes 2 ☑ No Specify: 3altimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NQT usa ratired) 15. Decadant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilege (1-4or 5+) Urse 17. Pathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be SAMAN 19a. Informant Name/Raiationship (Type Print) (Nicce) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) 34 101 9 HAROLD WOOD CT. BALTIMORE, MD.21244 115. KUTh Solomox Place of Disposition (Nama of camatary, cramatory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1₽ Buriai 2 □ Cramation 3 □ Ramoval from Stata 4 Donation 5 ☐ Other (Specify) 2Arrison 21. Signature of Funarai Sarvice Licensee UNEXAL Home BAITIMOREMAZION 233 23a Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heef feiture. List only one cause on each line. Approximata Interval Batween Onsat end Deeth **Physician** /Medical immadiata Causa (Final disaasa or condition rasulting in daeth) Examiner Examiner Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Dua to (or es e consequance of): burial physician at the burial Box 68760, Physician/Medical Dua to (or as a consequence of): 10 985 Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. of Nital Records, P.O. ä 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ρ 24b. Were eutopsy findings available prior to complation of cause of death? 24a. Wes en eutopsy performad? Completed 1 ☐ Yes 2 No 25. Was casa rafarrad to medical examiner? Be 26. Piace of Daath (Chack only ona) Hospitai: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☐ Yas 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA Certification: To 27. Mannar of Deeth 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 5 Panding invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicide 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stata) 4 - Homicida 24 hours e Funeral Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the ceusa(s) end menner es steted.

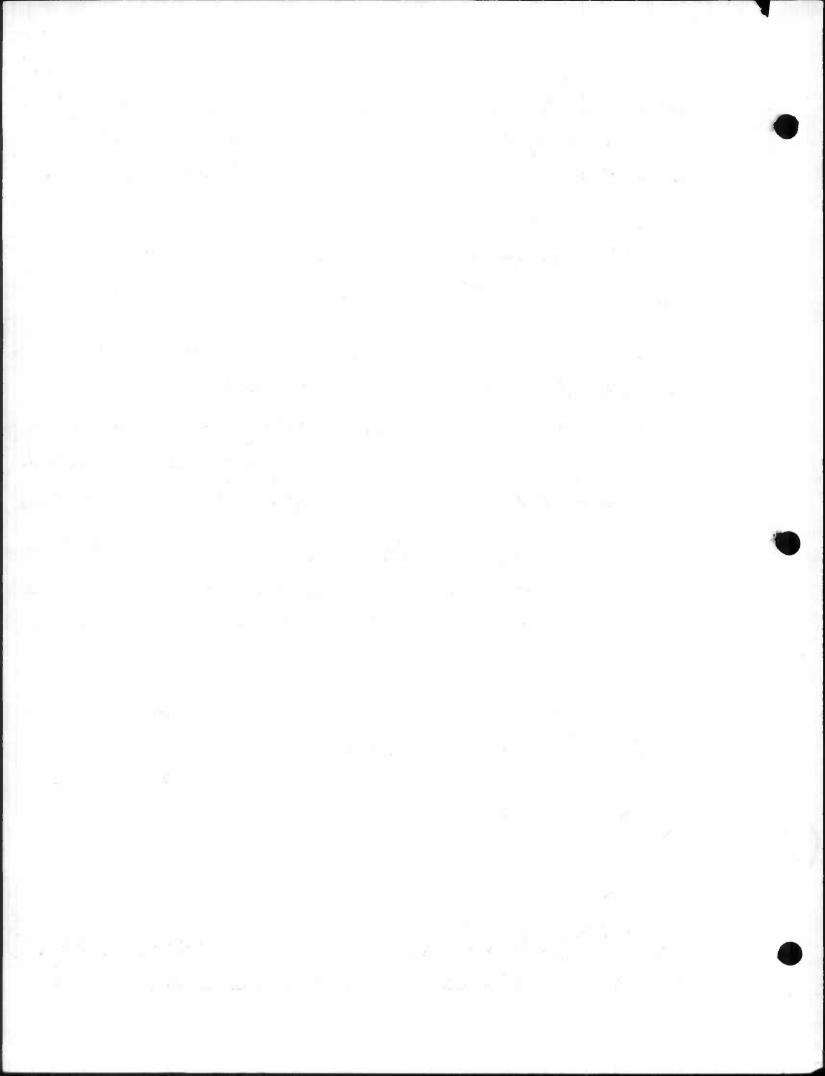
| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the tima, date and place, end due to the cause(s) end mennar stated. 29a. Certifie Medical (Check only one) To the P within 2 29d. Date signad (Month, Dey, Year) Signature a O. Name and eddress of person who completed cause of death (Itam 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year)
APR 15 1997

WIMATU

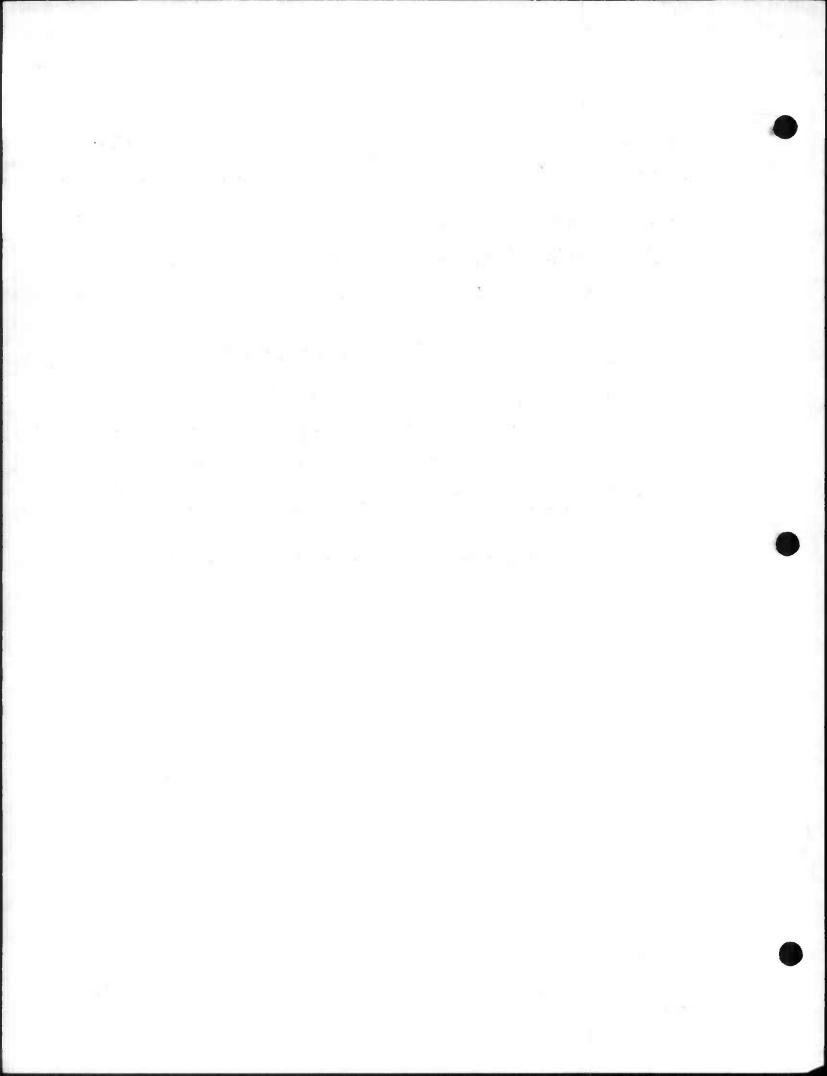
32. Ragistrer's Signetura

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 0.7

-1.				olulo or maryli	Certific				leg. No.	1	1312
	Physic	ian	1. Decedent's Name (First, Middle, L	ast)				2. Date of Dea Month	th Day	Year	3. Time of Deeth
	/Medi		WILLIAM		I	ALL		APRIL		997	7:43 AM
9	Exami	ner	4a. Facility Neme (If not institution, g				4b. City, Town, or Lo		4c. County		
	1111	,	BON SECOUR HO		William III	day 4 Van	BALTIMOR	_	1		A
ļ	Funeral Director		5. Social Security Number 6. 213-40-5893 Usual Residence of Decedent	Sex 7. Age (In y	rs. lest birthday) If Ur Mont	hs Day	r If Under 24 Hrs. s Hours Min.	8. Date of Birth (Month, Dey August			Place (State or Foreign stry)
	yland		10a. State 10b. County	10c.	City, Town or Location					1	0d. Inside City Limits
	a-1 si	ctor	Md. NIA	}	Baltim	ORE	١				1 Yes 2 □ No
	or 28	Funeral Director	10e. Street end Number	^	10f.	Zip Code	0	1	log. Citizen of \	What Coun	itry?
	23a	rai	1212 W. Lat	ayette H	venue	2	1217		LISE	4	
	er des	une	11. Marital Status	12 Was Decedent Ever In Armed Forces?	U,S. 13. Was De	ecedent of specify Cu	Hispanic Origin? (Spe ban, Mexican, Puerto f	cify Yes or No- lican, etc.)	14. Rac	e - Americ	
21215-0020	filed within 72 hours after death with the Maryland thygiene. ther than "netural", or items 23s or 28s-f show ont, the Med cal Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		s 2 No			Specify	OI	ck
15-(s 1 and 2 should be filed within 72 hours if Health and Mental Hygiene. Item 27 is marked other than "natural", other traumatic event, the Medical Exa	Completed	15. Decedent's E (Specify only highest gi	Education rade completed)	16a. Decedent's U (Give kind of	work done	e during most of working	ng	16b. Kind of B	usiness/inc	dustry
12	withir ene. than	mp	Elementary/Secondery (0-12)	College (1-4or 5+)	See S	T use retir		-0K-0	0-10	-	
	e filed offher vent,	Ö	17. Father's Name (First, Middle, Las	<i>t</i>)	JOHOUP		18. Mother's Name	(First Middle I	Sel+	- F1	mployed
Maryland	and Mental and Mental s marked o	To Be	Daniel To	lleu			Lattic	00	e Ha	eK:	
ary	should b nd Mente marked umatic e	-	19a. Intormant's Name/Relationship	(Type, Print)	19b. Mailing Addr	ess (Stree	et end Number or Rure			Stete, Zip	Code)
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altimore,			20a. Method of Disposition	20b	D. Place of Disposition (Neme of	(ece)	Date	20c. Location -	City or To	wn, State
E	Pages nent of int: If Its iry or o		1 ☐ Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Spec		nt Zian	Cal	netery &	1-14-971	ansda	1100	Maeylar
alt	permit, Page Department of Important: If any Injury or once.		21. Signature of Furieral Service Lice	ensee	22. Name	and Add	ress of Facility	-) I ruey la
m	Dep de November 1		MA	1) 1/2	Josep	TH.	Brown JR.	Funera			1 -1 01015
			23a. Pert1. Enter the disease, or con	nplications that caused the de	ath. Do not enter the n	node of dy	ring, such as cardiac of	respiretory arr	more,	Ibry	Approximate
	Physician		shock, or heart tailure. List only	one cause on each line.						İ	Interval Between Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	. Arteriosc	lerotic C	'ard	i ovacovil a	m Diac		1	
	Examiner		resulting in death)		(or as a consequence		LOVASCUIA	T DISE	ease		
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	and Aran	Examiner	Sequentially list conditions,	Due to	(or as a consequence	ot):					
90	be execut iolan and burtal-tran		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events	C						 	
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P.O.	ad the	Physician/N	Pert II. Other significant conditions	contributing to death but not r	esulting in the underlying	ig cause g	iven in Part I.				the cause of death?
Д.	g 26	by PI						1≅Y	es 2 No	3∐ Prot	pably 4 □ Unknown
Ď	ean sign							24a. Was a	n autopsy		ere autopsy findings
8	a the	olet						perform		cor	ailable prior to mpletion of cause death?
æ	The is ris has page 2	Completed						1 TIISPE	ection s 2000		Yes 2□ No
Vital Records,	Miles 10.0	0	25. Was case reterred to medical				26. Place of Death		X		7165 20160
>		OB	examiner? 1 Yes 2 No	Hospital:	ER/Outpatient 3	DOA O	ther: 4 Nursing Hon			er (Specify	()
Ē	E TON	L:u	27. Menner of Deeth 1X Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)		28c. Inju		8d. Describe ho			,
ឌ្ជា		atic	2 ☐ Accident investigation	n	M		☐Yes 2☐No				
Š.	という	Certification:	3 ☐ Suicide 6 ☐ Could not be determined		home, farm, street, tac	tory, office	2	8t. Location (St City or Town	reet end Numb	er or Rure	l Route Number,
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	o Hospital 124 hours e Funeral sletsky filled	edicai	29a. Certifier (Check only one) 1 Certifying Pl	nysician: To the best of my keminar: On the basis of examinand manner stated.	nowledge, death occurr nation and/or Investigat	ed et the t ion, in my	time, date end place, e opinion, death occurre	nd due to the co d at the time, d	euse(s) and ma ate end place,	nner as stand due to	ated. the cause(s)
	To the Within 2 To the comple	Me									Day, Year)
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1	1		30. Name end address of person who	completed cause of death (It	tem (3a) (Type. Print)					/	
			Stephen Radent:			root	Pal+i-	oro M	larri a	nd 2	1201
	Sta		31. Dete tiled (Month, Day, Yeer)	32 Begistrar's Sig	inature	Teel	الكالكالا	OLC, I	ary Tal	Z.	1201
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	Exami		4a. Facility Name (If not institution, give s Good Samarita) 5. Social Security Number 6. Sex	n Hospita	al In yrs. last birt	(hday) If Undar 1 Yaa	4b. City, Town, or Li Baltime If Under 24 Hrs.	ore	4c. County			
	Funeral Director		Usuel Residence of Decedent	^M 2□ F 65	5	Yrs. Months Deys		8. Dete of Birth (Month, Day 02-02	2-32	9. Birth	olece (Stete or Foreign oftry) SC	
	the Maryler 28a-f show notified at	Director	Md 10b. County NA 10c. Street end Number	1	Oc. City, Town Balti				0g. Citizen of V		1 d Yas 2 No	
	sath with	eral Di	5212 Midwood A			21:	212		U	SA		
020	ours efter d	by Funeral	11. Maritel Stetus 1 Navar Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armad Forcas? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates:	erin U,S.	13. Wes Decedent of If Yas, specify Cu 1 ☐ Yes 23 No		Rican, etc.)		ck, White,	ean Indien, etc. ack	
21215-0020	be filed within 72 hours efter death with the Marylend nat Hyglene. d other than "natural", or items 23s or 28s-f show event, the Medical Examerer must be notified at	Completed	15. Decedent's Educ (Specify only highast grede Elementary/Secondery (0-12) High School	cation e completed) College (1-4or 5+)		Decedent's Usuel Occi (Giva kind of work don- life. DO NOT use retir Superviso:	e during most of work ed)	ing	Gener		dustry	
Maryland	S la b	To Be C	17. Fether's Name (First, Middle, Last)	mpson		The state of the s	18. Mother's Nam Flora	e (First, Middle, I	Meiden Sumen			
	ges 1 end 2 st of Heelth er if item 27 is or other trau		20a. Method of Disposition 1 ₩ Burial 2 ☐ Cremetion 3 ☐ Re	ompson	20b. Place of cemeter)	y, cremetory or other pl	ood Aven	ue Balt	imore 20c. Location	, Mc	1. 21212 own, Stete S.C.	
Baltimore,	permit. Pag Department Important: I any injury o											
	Physiclan /Medical Examiner	er	23a. Per11. Enter the diseese, or compile shock, or heart failure. List only on Immediate Ceuse (Final diseese or condition resulting in deeth)	CARCI	NOM	/)	(Nesses)			0	Approximate Intervel Between Onset and Death	
x 68760,	certificate be executed ding physicien end ise as the burial-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underfying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest			onsequence of):						
, P.O. Box	requires that the death certifical een signed by the ettending phy hould be detached for use as th	y Physiclan/M	Pert II. Other significant conditions conf	tributing to death but n	ot resulting in	the underlying ceuse g	iven in Pert I.	23b. Did to	~		the cause of death?	
Records,	_ 0	Completed by						24e. Wes e perform	n autopsy ned?	av	ere eutopsy findings ailabla prior to mpletion of cause deeth?	
Vital F		Be Cor	25. Wes case referred to medical				26. Plece of Deet	1 ☐ Yo		1[Yes 2X No	
Division of V	0 0	2	exeminer? 1 Yas 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigation	Ime of 28c. Injury		oma 5□ Raside 28d. Describe ho			(y)			
Divis	PHI	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury building, etc. (5	- At home, fer Specify)	rm, street, fectory, office		28f. Location (St City or Town		er or Rura	al Route Number,	
	To the Hospital or A within 24 hours aftar To the Funeral Directorpletely filled in by	edical	29a. Certifier (Check only one) 1 Certifying Physical Control one) 1 Medicat Examination	Ician: To the best of m er: On the basis of ex- end manner stated	eminetion end	deeth occurred at the t Vor Investigation, in my	time, dete end plece, opinion, deeth occurr	end due to the cred et the time, d	euse(s) end me ete and place,	enner es s and due to	teted. o the ceuse(s)	
	To To To To To To To To To To To To To T	W	29b. Signature end titla of certifiar	Gran	M	0 00	2 6 7 8 C) 2	9d. Data signed	(Month,	Dey, Year)	
,	1 .		30. Name and address of person who com	Appleted cause of deeth	h (Item 23a) (Type, Print)	BOTIO	rolles	MI	12	1207	

State Registrar

15 1997 Suite Swidton Rondon

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death FLORENCE TIDWELL **Physician** APRIL 5-20 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner **SECOURS** HOSPITAL BALTIMORE If Under 24 Hrs. 8 Hours Min. NONE If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) 1 □ M 2 □#F Days 83 Yrs Director 215 22 3652 MD 4/6/14 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at 1 #Yes 2 □ No Director MD. NONE BALTIMORE 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 6 4505 MANORDENE ROAD items 23a 21229 USA Funerai 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes #☐ No
If Yes, Give
Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Meritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) should be filed within 72 hours after ond Mental Hygiane.

marked other than "natural", or ital 1 Never Merried 2 Married **AFRO** Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 HNo Specify: AMERICAN þ 3 ☐ Widowed 4 # Divorced Completed 18e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOME HOMEMAKER 12 permit. Peges 1 and 2 should be file Depertment of Health end Mental Hy Important: If item 27 is marked other any Injury or other traumatic event once. 17. Fether'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname, Be DOUDLASS FREEMAN BESSIE FREEMAN 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 726 NEW PITTSBURG AVE, TURNER STATION, MD CARRIE GRIFFIN DAUGHTER 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1# Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) WOODLAWN CEMETERY 4/10/97 WOODLAWN, MD. 21. Signature of Fugeral Service Licensee 22 Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel ROKE disease or condition resulting in death) Examiner Due to (or as e consequence of):

UAL FIBLILLAGION

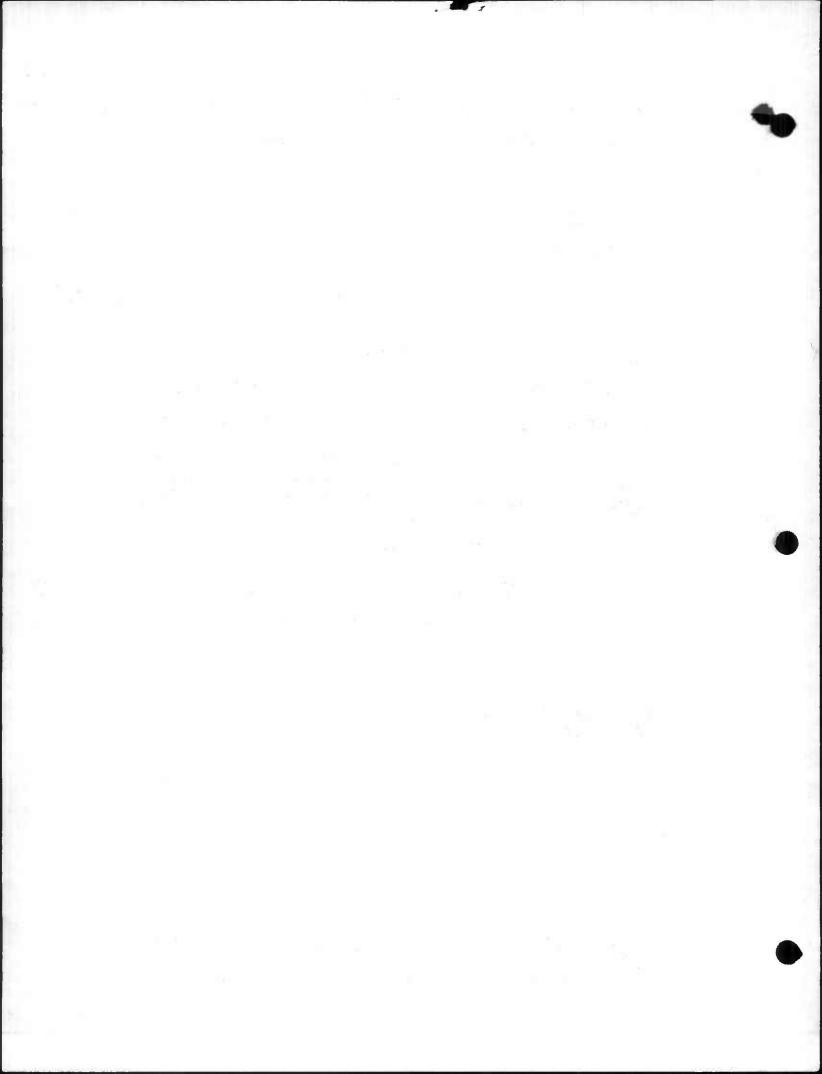
Due to (or es e consequenca of): Physician/Medical Examiner attending physician and for use es the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last P.O. Box 68760, Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown signed l Records, þ 24b. Were eutopsy findings availeble prior to completion of cause of death? Be Completed 24a. Was en autopsy performed? page 2 2 No certificata Division of Vital Hospital or Attanding Physician: 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Medicai Certification: To 1 ☐ Yes 2 No 1 Mnpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Aftar 5 Pending investigation 1 Naturel To the Hospital or Attandir, within 24 hours aftar death.

To the Funeral Director: At completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) end manner es stated.

2 Medical Exeminer: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and menner stated. 29e. Certifier 29b. Signature end title of printer 29c. License number 29d. Dete signed (Month, Dey, Yeer) APRIL 7 1997 121649 30. Name and dooress of person who completed cause of death (Item 23a) (Type, Print)

SAMBANDAM BASKARAN 3435 WILKENS AVE, BALTIMURE, MD 21219 31. Date filed (Month, Dey, Year) APR 15 1997 32. Registrer's Signeture State Registrar a Lydson

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month APRIL 9 1997 1:10 P.M. 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth DULANEY TOWSON HEALTHCARE CENTER TOWSON BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. Birthpleca (Steta or Foreign Country) 7. Age (In yrs. lest birthday) 1 M 2 X F Deys 95 Yrs 212-28-7638 North Carolina Usuei Residence of Deceden 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Baldwin 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5004 Carroll Manor Road 21013 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No If Yes, Give Yaer or Dates: 1 ☐ Yas 2 No Specify: 3 Nidowed 4 Divorced WHITE 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th. n/a Housewife Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) William Carlton Betty Houck 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Edward Trivette (Son) P.O. Box #9694 Baldwin, Maryland 21013 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Goodwill Cemetery (Fallston)4/12/97 Fallston.Md. 21047 22. Name end Address of Fecility E.F. LASSAHN PUNERAL HOME, P.A. 11750 BELAIR ROAD KINGSVILLE, MARYLAND 21087-1351 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth Immediete Cause (Final dan disaese or condition resulting in deeth) Due to (dr es e consequence of) hu Q ernic Due to (or as a consequence of) 23b. Did tobacco use centribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown dementa

Physician /Medical Examiner

physician end s the burial-transit

98 attending |

signed by the a

this

that the death certificate be axed

Records, P.O. Box 68760

of Vital

Division

Examiner

Physician

/Medical

Examiner

10a State

Directo

Funeral

by

Be

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Expriner mant be notified at

death with the Marylend

Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting In daeth) Lest

Physician/Medical Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. þ 24e. Wes en eutopsy performad? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 1 ☐ Yes 2 ☑ No Be 25. Wes case referred to medical 28. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 281. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide edical 29a. Certifier

(Check only one)

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and menner stated.

29b. Signature and title of certifier

APR 15 1997

29c. License number

020688

29d. Data signed (Month, Dey, Year)

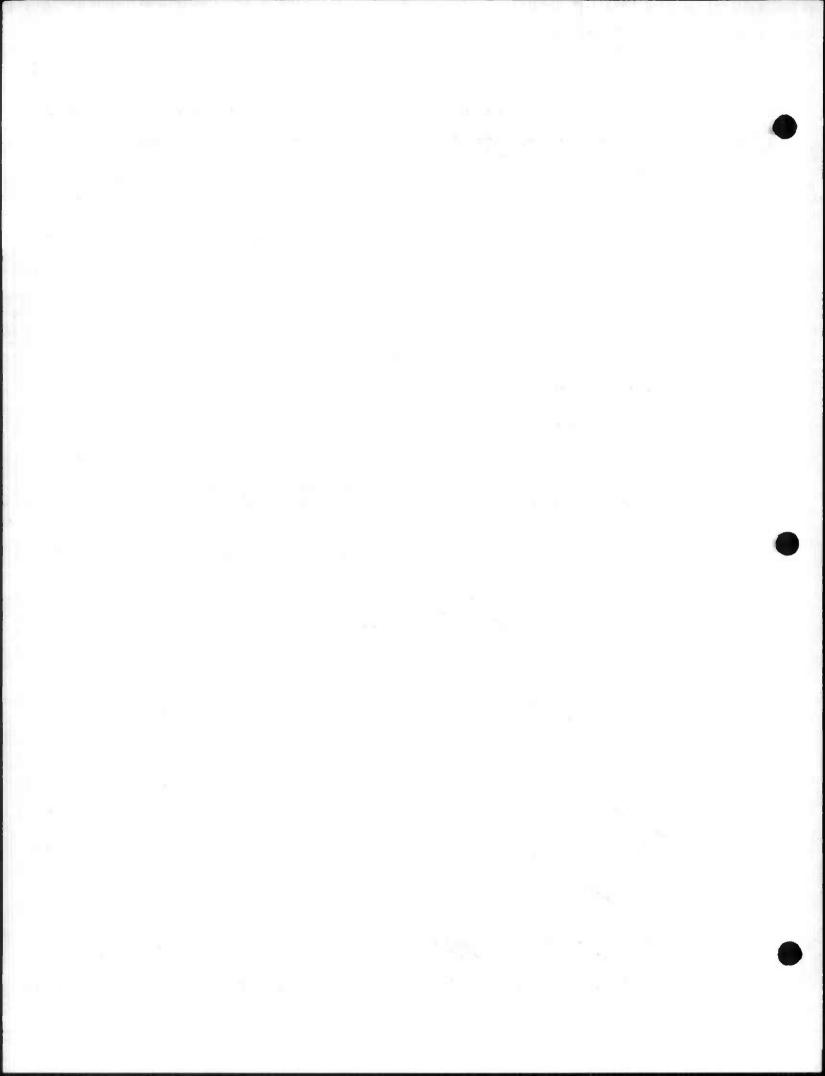
30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

wha Javidson

Friedman (11. %)
32. Registrer's Signature Fairmount Are, Towson, Md. 21286 515 31. Dete filed (Month, Day, Yeer)

State Registrar

To the within To the

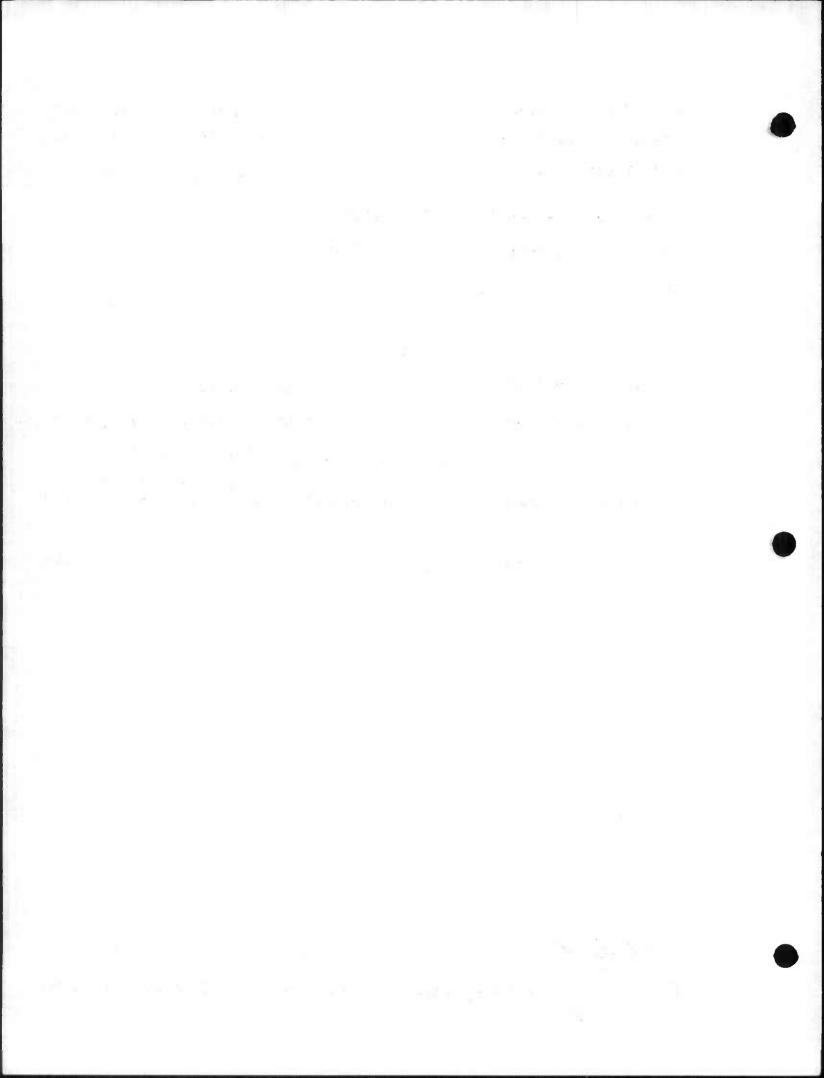


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** 1997 06:10 Thornton Dakotah Storm April 13 /Medical 4a. Facility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Anne Arundel Millersville 8304 Longday Court If Undar 1 Yaar Months Deys If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign
Country) **Funeral** 1 M 2□ F 219 47 0154 Yrs Director Aug 28 1996 Md Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. Stete 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show Millersville Md Anne Arundel 1 ☐ Yas X X No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21108 8304 Longday Court USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, spacify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 Yes 2No If Yas, Give Yaer or Detes: MNever Merried 2 Married altimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 TNo þ 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N/A N/A permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygies important: if Item Z7 is marked other th any Injury or other traumatic avant, the any Injury or other traumatic avant, the 17. Father's Nema (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumeme) Joseph W. Thornton Stacy L. Duty 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8304 Longday Court, Millersville, Md 21108 Stacy L. Thornton 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 Buriel 2 Cremetion 3 Removei from Stete 4 Donetlon 5 Othar (Specify) 4/15 Odenton Md Epiphany Episcopal 22. Name end Address of Facility Hardesty Funeral Home PA 12 Ridgely Ave., Annapolis, Md alul 23a. Pert1. Entar the disaesul or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feiture. Ist only one ceuse on each line. Physiclan Immediate Cause (Final disease or condition resulting in death) /Medical e. Respiratory Insufficiency
Dua to (or es e consequence of): 1 week Examiner Examiner 5 months Werdnig-Hoffmann Disease attending physician and for use as the burial-tran Sequentially list conditions, if eny, leading to immadieta cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, conflicate be Physician/Medical Dua to (or as a consequence of): ed by the a Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detact 1 Yes 2 No 3 Probably 4 Unknown ò 24e. Wes en autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of death? Completed certificate has 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No 25. Wes cese referred to medicef axeminer? 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: 1 Neturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No after death Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stete) 4 Homlcide à Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 2 April 13, 1997 D37130 ress of person who completed ceuse of deeth (Item 23a) (Type, Print) 600 N. Wolfe Street, Baltimore MO 21287 Crawford O. Thomas M.D. 31. Date filed (Month, Dey, Year) APR 15 1997 Registrar's Signeture

we Davidson-Randelle

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedant's Nama (First Middle Lest) 2. Date of Daeth 3. Tima of Daath **Physician** Month 4 355 a VSTIL /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Vrihie Georges TOS DWMWVM 72 5. Social Security Number if Undar 1 Yaar if Under 24 Hrs. Birthplaca (State or Foraign Country) 6. Sex 8. Data of Birth (Month, Day Age (In yrs. last birthday) **Funeral** Days Hours 1X M 2 ☐ F 52 213-46-6940 Yrs Director 27.1944 Washington, DC Oct. Usuei Residanca of Dacedant the Maryland 10e. Stata 10b. County 10c. City, Town or Location Bowie 10d. insida City Limits 28a-f show permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryla Department of Health and Mental Hygiens. Important: If then 27 is marked other than *natural*, or items 23a or 28a-f show any injury or other traumatic event, its Maryla Example must be notified as MD Prince George 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 20715 USA 13011 Victoria Heights Drive Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Naver Married 2 Married 1 Tayas 2 No If Yas, Giva 1970 S Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: White by Specify. 3 Widowad 4 Divorced Completed 15. Dacedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Sacondary (0-12) Collaga (1-4or 5+) Eye Care Optician 12 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Hilda Welsh Clarence Thompson 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Heights Dr. Bowie, MD 20715 13011 Victoria Margaret E. Thompson 20b. Place of Disposition (Nama of commatery, crampatory, or other place)
Maryland Veterans Cem. 4/17 20c. Location - City or Town, Stete 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata Crownsville. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Fugural Service Licensee 22. Nama and Addrass of Facility Hardesty Funeral Home, P.A. 851 Annapolis Road, Gambrills, 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Deeth **Physician** Cardiavascular disease immadiata Causa (Finai disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of): thet the death certificate be executed physician and the buriel-transit Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760, Physician/Medical Dua to (or as a consequence of): 80 for use P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown en dens & Records, þ 2 24b. Wara autopsy findings available prior to complation of causa of daath? Completed 24a. Was an autopsy performed? page 2 s 2 No certificate 1 ☐ Yas vision of Vital 25. Was casa rafarred to madical Be 28. Placa of Daath (Chack only ona) axaminer? Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After Attending 5 Pending investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant ector 6 ☐ Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 | Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29a. Certifian (Check only one) 29b. Signatura and titla of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) ztma 0 30. Nama and address of person who complated causa of death (itam 23a) (Type, Print) Hospital Center Doctors GO'LLIE 32 Magistrare Signetura

Grand Davidson Rondall 31. Data filed (Month Day, Year) State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#2 PER PHYS. FLM#G746 4/29/97 J.A. Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 1997year **Physician** Month AKYAN WRINEr 0 /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore
| If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | NOV 26, 1927 Examiner N/ABon Secours Hospital if Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1□ M 25 F 199-20-3109 Yrs. 69 Director PA Usual Residence of Decedent the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "naturs!", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at MD Baltimore Catonsville 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 333 Harlem Lane Room 118-1 21228 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) Raca - Amarican Indien, Bleck, Whita, atc. 72 hours after 1 □ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 Never Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 N Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa refired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiana. Important: If item 27 is merked other than any injury or other traumatic event. Its Elementery/Secondery (0-12) 12 Collega (1-4or 5+) Waitress Food Service 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Isaac Abraham Emma Fike 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul J. Weiner/Son 134 Braelinn Ct. Peachtree City, GA 30269 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 4/14/97 Baltimore, MD 21. Signature of Funarai Servica Licensee 22. Nama and Addrass of Fecility Cremation Society of Maryland, Inc. Edward A. Gregorchik 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwaan Onsat and Death **Physician** Immediata Causa (Finel diseesa or condition resulting in daeth) /Medicai Examiner cenon Sequentially list conditions, if any, laading to immadiate cause. Enter Undarlying Causa (Disaase or injury that initiated avants rasulting in death) Lest Dua to (or as a consequenca of) Box 68760 Physician/Medical the Dua to (or as a consequanca of): Pert II. Other eignificant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 2 B 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Records, à 8 24b. Wara autopsy findings evellebla prior to complation of causa of death? 24e. Was an autopsy Completed 1 Yas 2 Dayo 1 ☐ Yes 2 ☐ No Vital Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only one) Hospital: 2 ER/Outpetient 3 DOA 2 1 Yas ON No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) to 27. Menner of Death 28d. Describe how injury occurred Medical Certification: 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 \ Homicide 29a, Cartifian 🔁 Certifying Phyalolan: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the causa(s) and manning stated.

29c. License number

Bon Secours Hospital

29d. Date signed (Month, Dey, Year)

Baltimore, MD

State Registrar

29b. Signatura and titla of certifier

31. Data filed (Month, Day, Year)

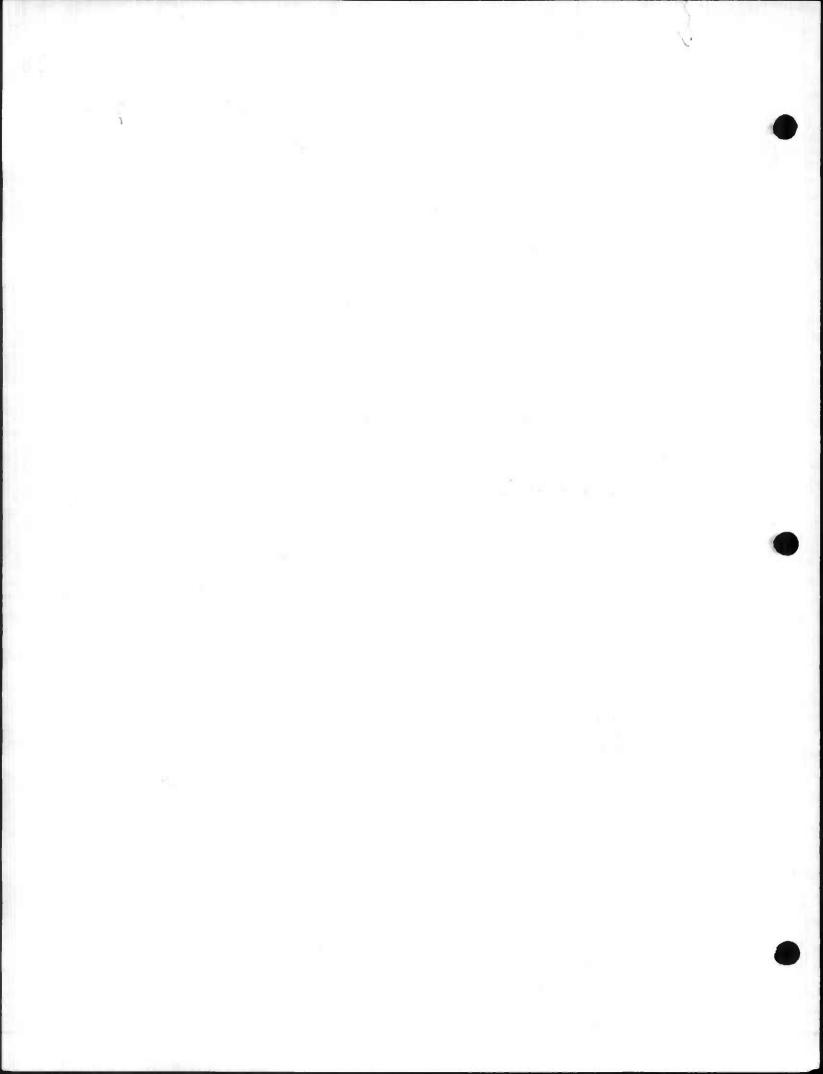
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12 30. Nema and address of person who completed cause of daath (Itam 23a) (Type, Print)

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DHMH 16 Rev 6/95

To the within 2 To the



State of Maryland / Department of Health and Mental Hygiene

Baltimore, Maryland Physician /Medical **Examiner** The law requires that the death certificete be executed the bunal-tran Division of Vital Records, P.O. Box 68760, this certificate has or Attending Physician: in by the funeral After death. efter death

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death WILSON **Physician** IRVING Month LEE /Medical 4a. Facility Name (If not Institution, give street end number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Stella Maris Hospice Center Towson Baltimore | Months | Days | Hours | Min. | Days | Hours | Min. | Dec 20, 1926 5. Sociei Security Number 7. Aga (In yrs. last birthday) 9. Birthpiace (Stete or Foreign _oFuneral 1 **X**M 2□ F 213-20-9987 Maryland 70 Yrs. Director Usual Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Llmits Items 23s or 28s-f show ther must be notified at Baltimore Md Baltimore Director ¥☐ Yes 2☐ No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 2805 Greenlawn Road 21207 USA Funeral filed within 72 hours efter death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, Whita, atc. the Medical Examiner 1 ☐ Never Marriad 2 ☐ Married 21215-0020 9 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4X Divorced Black Completed 16a. Decedant's Usuai Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within Department of Health and Manial Hygiene. Important: If item 27 is marked other than any Injury or other trainment. Elemantary/Secondery (0-12) 10th Collaga (1-4or 5+) Laborer Construction 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Frank Lucille Paysour 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Dorothy M. Croxton (Sister) 2805 Greenlawn Road Baltimore, Md 21207 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from Stata Woodlawn Cemetery 4/15/97 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, Md. 21. Signature of Funeral Service Lie 22. Nema and Address of Facility Caple Funeral Service 5502 Winner Ave Baltimore, Md. or the disease, or complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or respiretory arrest, neer failure. List only one cause on each lina. Immediate Cause (Final LUNG diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated evants resulting in daath) Last Due to (or as e consaguança of): Physician/Medicai Due to (or as a consequence of): Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings evallable prior to 24e. Was an autopsy performed? complation of ceuse of death? Be 25. Was case refarred to medical axaminer? 28. Piace of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Nother (Specify) Hospice 1 ☐ Yes 200 No 2 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 Could not be determined 28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicida 1 Certifying Phyafcfan: To the best of my knowledga, deeth occurred at tha time, deta and place, and dua to tha cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred et the tima, data and place, and due to the ceuse(s) and manner stated. 29e. Cartifier Medicai 29b. Signature and title of cartifier 29c. Licansa number 29d. Date signed (Month, Dey, Year)

Registrar

31. Date filed (Month, Dey, Year) APR 15 1997

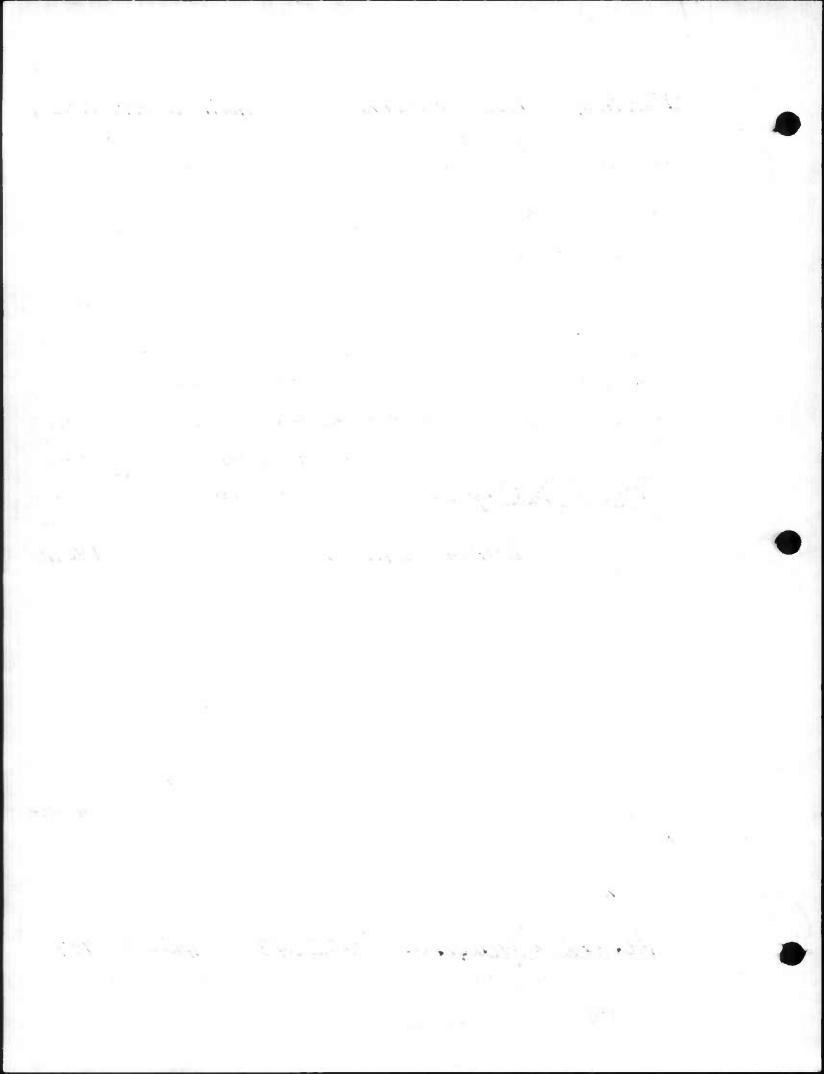
32. Registrar's Signature The Dividson Randoll

KENDALL FAULKNER 2300 DULANEY VALLEY RD.,

30. Name and address of parson who completed ceusa of death (item 23e) (Type, Print)

DHMH 16 Rev 6/95

TOWSON, MD 21204



State of Maryland / Department of Health and Mental Hygiene

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P D E	DUCe.		21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility WM. C. MARCH -4300 WABASH AVENUE, BALTO., MD												
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State of Maryland / Department of Health and Mental Hygiene

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Examin	er	Joseph Rit					Balti							
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State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Day 1997 **Physician** Month 12, 9:45 P.M. April Girard F. Walters /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Johns Hopkins Bayview H Under 1 Yaar | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Aug. 2, 6. Sex 1 ☑ M 2 ☐ F 5. Social Security Number 9. Birthplace (State or Foreign Country) North Carolina 7. Age (In yrs. lest birthday) 81 246-01-5074 Yrs. Usual Rasidence of Decedent 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1022 Armistead Way 21205 U. S. A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Naver Married 2 Married 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Maintenance Mechanic 8th Grade Steel Company 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Foster Walters Lizzie Lewis 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mildred M. Walters (Wife) 1022 Armistead Way, Baltimore, Maryland 21205 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 4/16/97 Baltimore. Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Home Inc.
3331 Brehms Lane, Baltimore, Maryland 21213

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate Immediata Ceuse (Final disease or condition resulting in death) Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last Physician/Medical Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 □ No 3 □ Probably 4 □ Unknown þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings evailable prior to complation of cause of daath? Be 25. Was case referred to medical 26. Placa of Daath (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Manner of Death 28b. Time of 28c. fnjury at Work? 28d. Describe how Injury occurred 5 Panding Investigation 1 Naturaf 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be determined 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, State) 4 Homlcide 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical (Check only one)

The law requires that the death certificata be executed Records, page 2 : this certificate Division of Vital To the Hospital or Attending Physician:
whin 24 hours after death.
To the Funeral Director: After this certifical mipletely filled in by the funeral director;

Funeral

Director

ral', or Items 23a or 28a-f show Examiner must be notified at

death

permit. Pages 1 and 2 should be filed within 72 hours effar a Department of Heelth and Mental Hygiena. Important: if flam 27 is marked other than "natural", or flam any injury or other traumatic event, the Manical Examinations.

Physician /Medical

Examiner

and

attending physician a for use es the burial-

been signed by t should be datach

P.O. Box 68760,

Baltimore, Maryland 21215-0020

State Registrar

DHMH 16 Ray 6/95

I. minan Name and address of person who company.

Marguerite Moran M.D., Brehms Lurie

Marguerite Moran M.D., Brehms Lurie

Jensth. Day, Year)

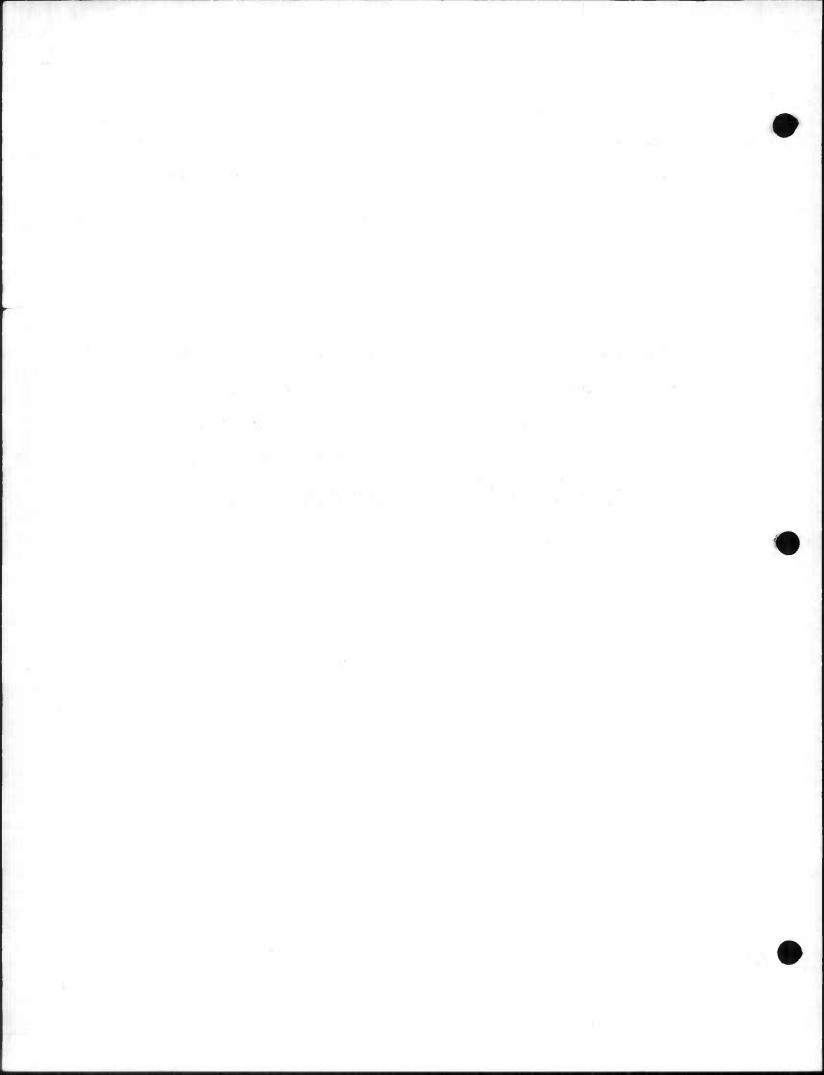
Jensth. Day, Year) 30. Name and addrass person who complated ceuse of daath (Itam 23a) (Type, Print) 31. Date filed (Month, Day, Year)

Brehms Lane Medical Center, 3401 Manasota Ave. Balto, Md.

29d. Date signed (Month, Day, Year)

29c. License number

29b. Signatura and titla of certifian



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Deeth

111 Penn Street, Baltimore, Maryland 21201

3. Time of Death

	Physician
	/Medical
	Examiner
_	

1. Decedent's Neme (First, Middle, Last)

the Maryland filed within 72 hours after

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

attending physician and for use as the burial-transit certificete be executed P.O. Box 68760, signed by t Division of Vital Records, page 2 should has certificate

Month Dey ALBERT **FEBRUARY** CLENNIE WRIGHT 11,1997 6:13P.M 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 500 E.35th STREET a BALTIMORE 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 05-23-15 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1√2 M 2□ F Months Deys Hours 242-16-5200 81 Yrs. NC Director Usual Residence of Decedent 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumetic event, the Maulcal Examiner must be notified at XIXYes 2 No Director Md. Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 500 E. 35th Street 21218 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 1 No If Yes, Give Year or Dates: Reca - American Indien, Black, White, etc. 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 3 ☐ Married 1 ☐ Yes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If item 27 is merked other than "nature!", any injury or other traumetic event Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) NA Various trades Laborer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Wright Frank Voila 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Elsie Turner 33rd. Street Baltimore, Md. 21218 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Voshell Mem. Gardens 02-21-97 Dundalk, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility Baltimore, Maryland WM. March FH 1101 E. North Avenue 21202 mon 23e. Pert1. Enter the diseese, or conshock, or heart feilure. List of plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. Approximate Intervel Between Onset end Deeth tmmediete Cause (Fine) diseese or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due to (or es e consequenca of): Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown à 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? INSPECTION 1 ☐ Yes 2 No 1 ☐ Yes > No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2□ No 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner steted. Medical 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number O.C.M.E. FEBRUARY 12,1997 30. Name end eddress operson who completed cause of deeth (Item 23e) (Type, Print)

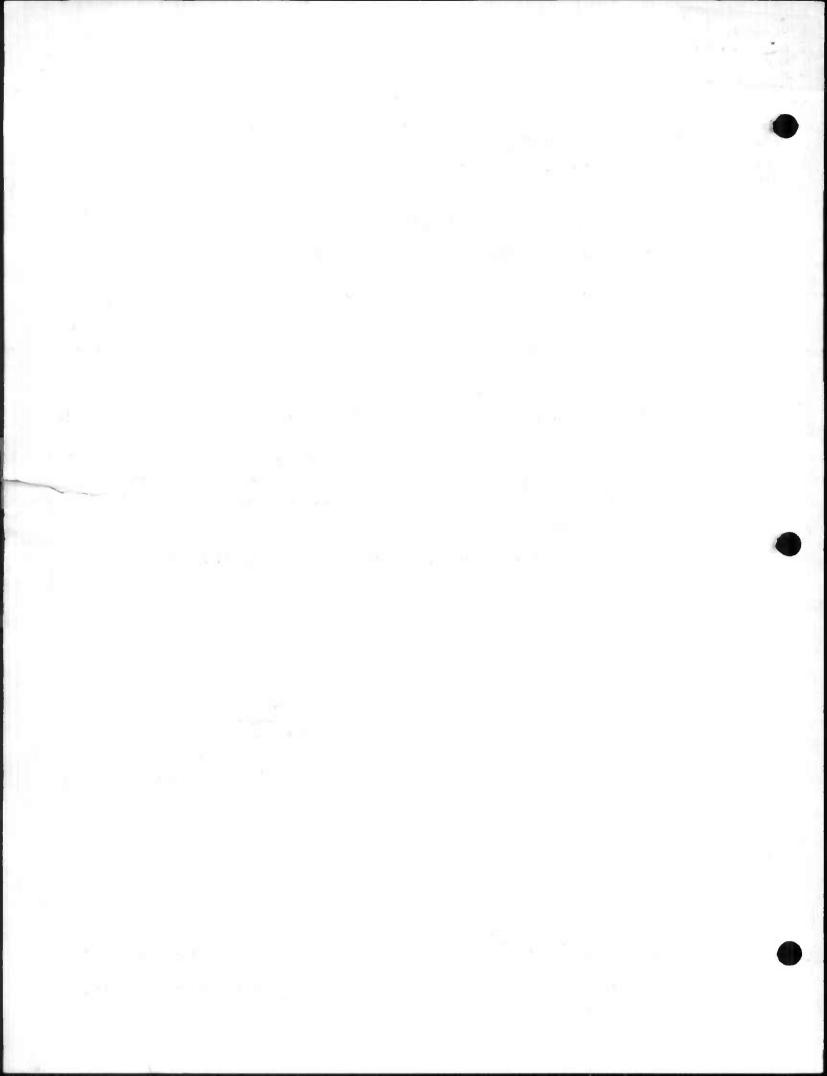
State Registrar

DENNIS

31. Date filed (Month, Dey, Yeer)
APR 15 1997

J.CHUTE M.D.

32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth APRIL 13, 1997 **Physician** NICHOLAS G. WILLIAMS 11:25 A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MANOR CARE HEALTH SERVICES 6600 RIDGE ROAD BALTIMORE COUNTY BALTIMORE if Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Birthplece (State or Foreign Country) **Funeral** 1∏ M 2□ F Deys Hours Yrs UNKNOWN **Director** 215-24-3626 68 JANUARY 8, 1929 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MARYLAND WHITTE HALL 1 Yes 2 No Director HARFORD 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4717 MELLOW ROAD 21161 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, 11 Maritel Status Bleck. White, etc. 1 Yes 2 No If Yes, Give X Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 💢 No Specify: Specify: Š 3 ☐ Widowed 4 ☑ Divorced WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) UNKNOWN UNKNOWN CONSTRUCTION WORKER SHEET METAL INDUSTRY other other traumatic event, 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 12 should be fi end Mental F Is marked of 2 CHARLES PATRICK WILLIAMS EMMA MARIE CLARK permit. Pages 1 and 2 sh Depertment of Health end Important: If item 27 1s m any Injury or other traum once. 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4717 MELLOW ROAD WHITE HALL, MARYLAND 21161 EMIL SCHOTT 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) APRIL 14, 1997 METRO CREMATORY, INC. BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name end Address of Facility LASSAHN FUNERAL HOME, INC. 23a. Pert1. Enter the disease, or complications that salsed the death. Do not enter the mode of dying, such es cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) FAMILIAL SPASTIC PARALYSIS 8 YEARS Examiner Due to (or es a consequence of): Examiner DEMENTIA 8 YEARS loian and burlal-tran Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of) physician s the burla Physician/Medical Due to (or es e consequence of): # attending: 955 30 signed by the a d be detached t 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown PERIPHERAL ARTERIAL DISEASE , BIPOLAR DISORDER þ 24b. Were eutopsy findings eveileble prior to 24e. Wes en eutopsy performed? Completed HYPOTHYROIDISM completion of cause of deeth? 2 1□ Yes 2.□ No 1 ☐ Yes 2 No certificate 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA # 28e. Dete of Injury (Month, Dey Year) uneral 27. Menner of Deeth 28b Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident or Attend after death Director: 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide A 24 hou. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D.O. H35593 APRIL 14. 1997

Registrar

1124 MACE AVE.. 31. Date filed (Month, Dey, Yeer) APR 1.5 1997



30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

the Maryland

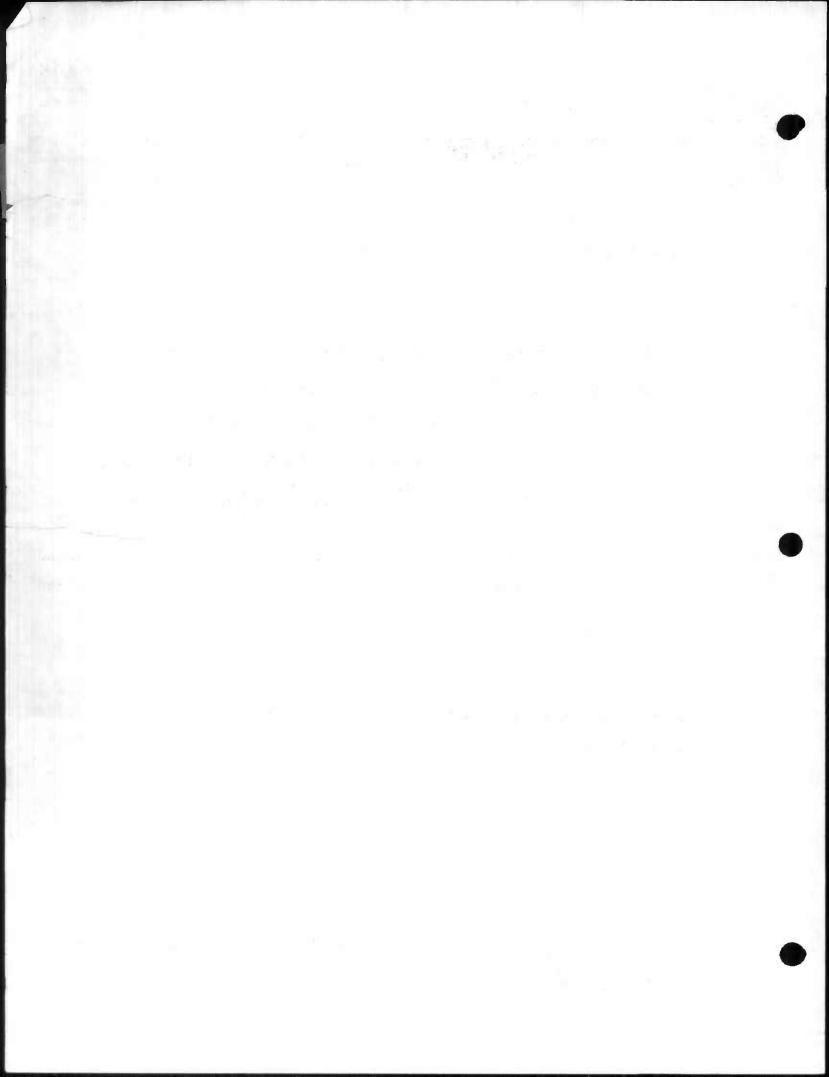
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filed within 72 hours efter

Baltimore, Maryland 21215-0020

Box 68760, pertificate be

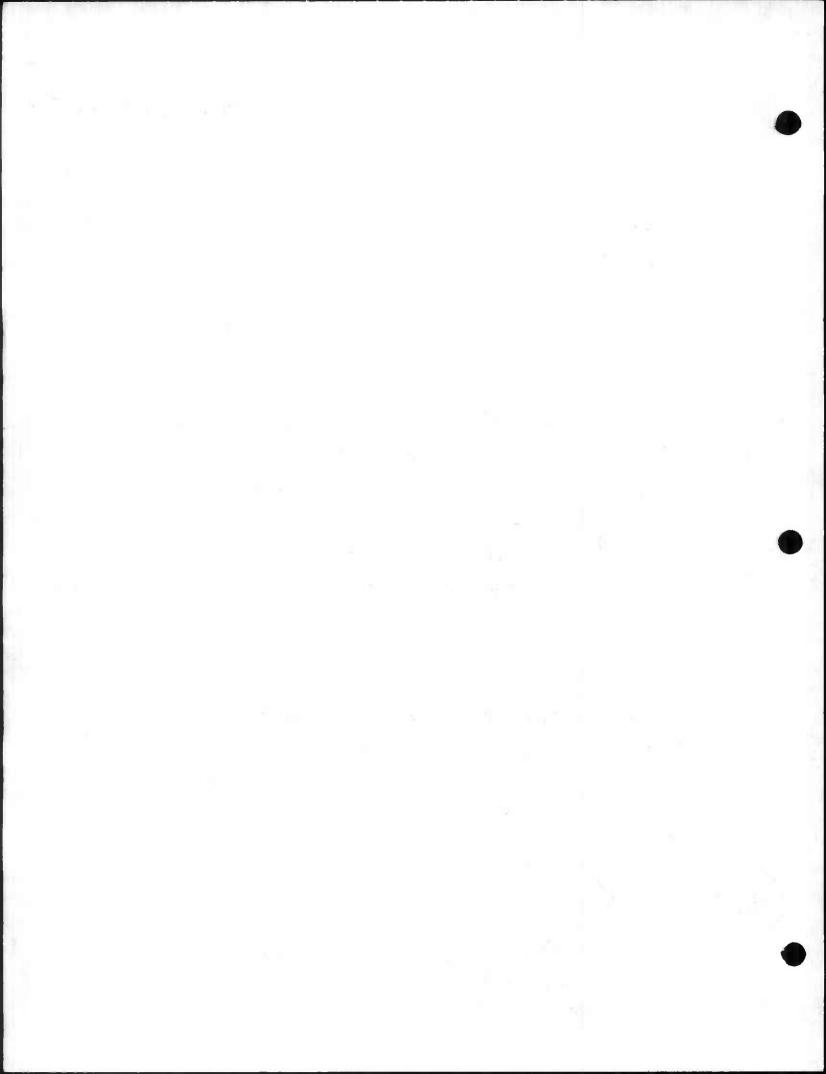
Division of Vital Records, P.O.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 1385

						Cen	tificate of	Death		Reg	. No.			00
П	Physic	ian	1. Decedent's Name (First, Middle, Le	est)						te of Deeth	Dey	Vear	3. Time of De	_
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)-	Exami	ner	4e. Fecility Neme (If not institution, gir						wn, or Location		4c. County			
			Union Memorial				MALL I AND		imore C		N/	A		
	Funeral Director			1QM 2□ F	yrs. lest birti	hday)_ (rs.	If Under 1 Year Months Days	If Under 2 Hours		te of Birth onth, Dey, Y	(ear)	Count	ece (Stete or F try) YLAND	oreign
	/land		10e. State 10b. County	10	c. City, Town	or Loc	ation					16	Od. Inside City I	Limits
	May P	to	MARYLAND N/A		DΛ	ттт	MORE C	τπν					1 Yes 2	□ No
	r 282	Director	10e. Street end Number	2	DA	TIT	10f. Zip Code	TTT		10g	. Citizen of \	Whet Coun	try?	
	23a o	alD	2319 E. FEDERA	AL STREET			21	213			U.	S.A.		
	dea dea	Funeral	11. Marital Status	12. Wes Decedent Ever Armed Forces?	in U,S.	13. W	as Decedent of P Yes, specify Cub	dispenic Orig	jin? (Specify Ye	es or No-		e - America		
Maryland 21215-0020	nin 72 hours after death with the Marylan 9. 17 matural, or items 23s or 28s-f show Musical Enaminat must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:			☐ Yes 2☐XNo		, ruesto rucen,	610.)		ck, White, e		
5-6	natu Nicel	Completed	15. Decedent's E (Specify only highest gro	ducetion ade completed)		(Give k	ent's Usuel Occup ind of work done	during most	of working	16	b. Kind of B	usiness/Ind	ustry	
121	filed within 72 hours after death with the Maryland Hygiene. Whysiene. Whys		Elementery/Secondary (0-12)	College (1-4or 5+)		life. D	O NOT use retire	d)		9				
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and	d a d	Be							r's Neme (First,		iden Sumen	10)		
7	d z should be th and Mental 7 is marked or traumatic eve	2	GEORGE ALLEN, 19e. Informent's Name/Reletionship (40h	Mailia	Address (Street		S CUR'		214	0	0 (1)	
Ma	tra tra		HELEN BUTLER	, ,			Diana							
	He He		20e. Method of Disposition		Ob. Piece of	Disposi	ition (Neme of		Date		c. Location -			
Baltimore,	Demit. Pages Department of I Important: If ite any injury or o		1 □XBuriel 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specific	y)			MEMOR I		APR.					
Bal	mpor mpor any in		21. Signature of Funeral Service Lice	500	<i>Y</i> .		Name end Addre			CITAID	7	OME		
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		8	23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	plicetions that caused the one cause on each line.	death. Do no	ot enter	the mode of dyir	ng, such es c	erdiac or respi	retory errest		1	Approximate Intervel Between	en
	hysician /Medical		Immediete Ceuse (Finel										Onset end Dee	∌th
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ox 68760,	attending physician end attending physician end I for use as the bunal-transit	Exa	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	Due	to (or es e co	onseque	ence of):							
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89	g phy as th	B	resulting in deeth) Lest Due to (or es e consequence of):											
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Records, P.O. Boy	igned by the atte	by Physician/	Pert II. Other significant conditions of	ontributing to death but no	resulting in	the und	leriving cause giv	ren in Pert I	23	h Did toha	CCO 1188 CO	ntribute to	the cause of d	doeth?
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<u>a</u>	ate ha	Completed								10 Yes	2 No	1 🕮	Yes 2□ No	,
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		e o	27. Menney of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey Yee	r) 28b. Tir	me of ury	28c. Injur Wor	y et k?	28d. De	scribe how	injury occur	ed		
/ision	Or: A	cati	2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not be				M 1 🗆	Yes 2□N	lo					
N X	D A	ertification:	4 Homicide determined	28e. Plece of Injury - A building, etc. (Sp	At home, farr ecify)	n, stree	t, fectory, office		28f. Loc City	cation (Stree y or Town, S	et end Numb State)	er or Rurai	Route Number	ç
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(Hos	JA	edical	29a. Certifier 1	ysician: To the best of my liner: On the basis of exer end manner steted.	knowledge, ninetion end/	deeth o	stigetion, in my o	ne, dete end pinion, deeth	plece, end due occurred et th	to the ceus e time, date	e(s) end me end place, o	nner es ste and due to	ted. the ceuse(s)	
15	and di	Days .	29b. Signeture and title of certifier				29c. Licens	e number		29d.	Dete signed	i (Month, E	ey, Year)	
			Munda D.	SunGrand	- MA)	N	458	(02		April	13	1997	
4	1X		30. Neme end eddress of person who	completed cause of deeth	(Item 23e) (T	ype, Pr	int)	-	~		1100		111	
	,		P. T. A.	emorial	-105pi	al								
	Sta	te	31. Dete filed (Month, Day, Year)	32 Registrar's S	ignatur	2.00	1							
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State of Maryland / Department of Health and Mental Hygiene

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Baltimore, Md. 21237

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						(Certif	icate of	f Death		Reg. No.		11000
		I. Decedent's Nema (First, I	/liddle, Las	t)						2. Dete of De	eeth		3. Time of Death
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xaminer		e. Feclity Name (If not insti	tution, give						4b. City, Town, or L		T	ty of Deeth	1
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neral	5	. Sociel Security Number	6. Sa		Age (In yrs.			Under 1 Yea	r If Under 24 Hrs.	8. Deta of Bi (Month, D			place (Stete or Foraign
ector	-	217-07-9772 Usuel Residence of Deceder		X M 2□ F	8	31 Y	rs. M	onths Deys	s Hours Min.		1, 1915	, Ma	ryland
ě m	-	0e. Stete 10b. Co			10c. Ci	ty, Town	or Locati	on					10d. Inside City Limits
event, the Medical Examiner must be notified at Be Completed by Funeral Director		Md.	Balt.	imore				Bal	ltimore				1 ☐ Yes 2 🕅 No
log log	1	0e. Street end Number	5410	211101 0			Τ,	Of. Zip Code			10g. Citizen of	What Cou	nta/2
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Be		7. Fether's Name (First, Mic			and the same				18. Mothar's Nam				
ို				Andrew B	acker	τ			Caroli	ne (No	t Known)	
		19e. Informent's Name/Rele	tionship (T	ype, Print)		19b. l	Maiting A	ddress (Stree	et end Number or Rur	al Route Numb	er, City or Tow	n, Stete, Zij	p Code)
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	23e. Pert1. Enter the disease, or complication, that cause of the deeth. Do not antar the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line.											Approximete Interval Between	
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		Sequentielly list conditions, feny, leeding to Immediete cause. Enter Underlying		D4 -1 -4									
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teched hysic	.	art II. Other significant con	ditions co	ntributing to death	but not ras	ulting in t	he undar	tying ceuse g	given in Pert I.	23b. Dld	tobacco use c	ontribute t	to the cause of death?
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 	2	7. Manner of Deeth		28e. Date of Ir		28b. Tir			4 ☐ Nursing Ho	-	how Injury occi		197)
tion		1 Neturel 5 □ Pe	nding estigation	(Month, L	Dey Year)	Inj	ury	28c. Inj W	ork? □Yes 2□No				
Certification:		3 ☐ Suicide 6 ☐ Co	uld not be	28a Place of I	miume At h	ome form				28f Location	(Ctroot and Num	horor Our	m I Cloude Number
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be		one)	WOWITH	end menner	steted.		+ G 3 (1	Second HILLY	Spiritori, about occur	ou or the time,	July end piece	, 5110 000 0	o oouso(s)
2	2	9b. Signature and title of ce						29c. Licer	nse number		29d. Date sign	ed (Month,	Dey, Year)
		> Susten	Pan	k MD				RDC	02098		April	12. 1	1997
1	1	7	- wv vi	_				400				, -	

9000 Franklin Square Drive

State Registrar 30. Name and eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

APR 16 1997

Dr. Kristin Clark
31. Dete filed (Month, Dey, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Bengel 12:15 pm Alice 1997 Apri 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth MAMOR CARE -Rossville Hosedale Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□ M 2Ø F 05 79 Yrs. 8518 MAYYLAND Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Locetion 10d. Inside City Limits Baltimore Parkville 1 ☐ Yes 2 Z No Maryland 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 21234 USA 8800 BAKER SVA Raca - American Indien, Bieck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 Z No If Yes, Give 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home Housewife 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) WALLACE GATES Kussell 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Leonard Bengel Husband 8800 BAKEY Ave. Baltimore, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete April 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Memorial Park Parkville, Maryland 1997 21. Signeture of Funerei Service Licensee 22. Name and Address of Facility EVAMS Chapel of Memories YL Kmn 8800 Harford Rd Baltimore, MD Z1234 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth immediate Cause (Finel diseese or condition resulting in deeth) Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 € No 1 Yes 2 No 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

physician 20 2 ä attending 8

Records, P.O. Box 68760.

of Vital

no

Physician /Medical

Examiner

Physician

/Medical

Examiner

Director

Funeral

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Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Wedical Examinar must be notified at

permit. Pages 1 and 2 should be filed within: Department of Health and Mental hygiene. Important: If item 27 is marked other than "rany lojury or other traumatic event, the Ned

the Maryland

Baltimore, Maryland 21215-0020

Physician/Medical g Completed certific Be 2 24 Albar

27. Menner of Deeth 29a. Certifier

Medical Certification: 8

State

Registrar

2

29b. Signature end title to 30. Name end eddress of a

AKKAd Dr 31. Dete tiled (Month, Day, Yeer)

1 Yes 2 No

5 Pending investigation

6 Could not be

1- Neturel

2 Accident 3 Suicide

4 ☐ HomicIde

(Check only one)



7600

1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

use of deeth (Item 23e) (Type, Print)

Drive

28b. Time of

Towson, Maryland

28c. Injury et

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner stetler.

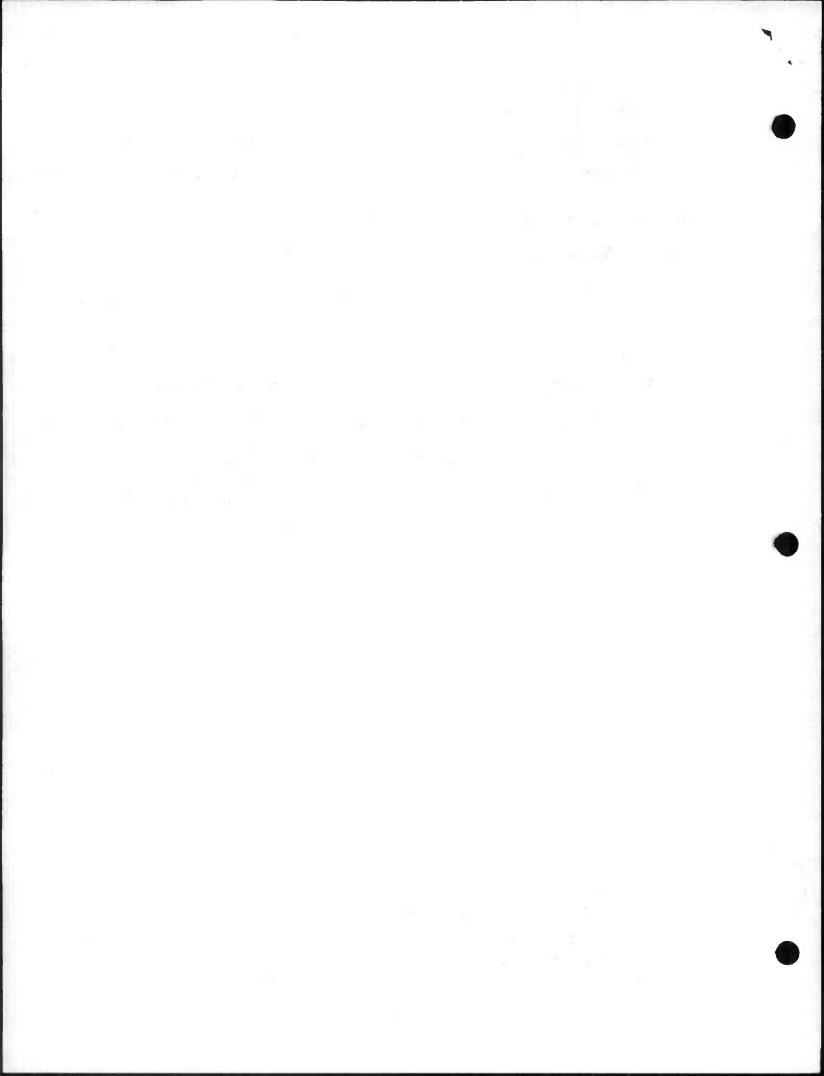
2 License number

1 Yes 2 No

28d. Describe how injury occurred

Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)



PI

	Plea	ise Type o	r Print in	Black In	delible In	k. Assure A	II Copies	Are Legi	ble.
		-		nd / Depa		Health and N	Mental Hyg		7 11388
1. Decedent's Nemo	e (First, Middle	e, Last)			0)/ .	2. Dete of Deet	th Dev	3. Time of Death
1	-eo				0	lackwell	April	14. 1	997 5 24 Am
4a. Facility Neme (fi	If not Institution	n, give street end n	number)			4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth
Joseph R	itchie	Hospice				Baltimore	City	N/A	
5. Sociel Security N 215 -34-9	9547	6. Sex 1 🛣 M 2 🗆 F		s. lest birthdey) Yrs.	If Under 1 Yee Months Dey		8. Dete of Birth (Month, Day, Aug. 22		Birthplece (State or Foreign Country) Md
-	Usuel Residence of Decadent								
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10e. Street end Nur 2637 Rayı		≥nue			10f. Zip Code 21216)	Whet Country?		
11. Meritel Stetus		12. Wes De	ecedent Ever in t	U,S. 13.1	Wes Decedent of	t Hispanic Origin? (Sr	pecify Yes or No-		e - American indien,
11. Meritel Stetus 1									
(Spec		st grade completed	d) o (1-4or 5+)	16a. Decec (Give life.	dent's Usuel Occ kind of work don DO NOT use retir	cupation ne during most of work ired)	king	16b. Kind of Bu	usiness/Industry
High Scho				Deli	very Per				cy(Harlem Park)
17. Father's Neme (George B						18. Mother's Nem	ne (First, Middle, M lackwell	Meiden Sumem	ie)
19e. intorment's Ne	eme/Reletions	hip (Type, Print) r	niece	19b. Meilir	ng Address (Stre	eet and Number or Ru	ral Route Number	, City or Town,	Stete, Zip Code)
Rhonia Sa			TECE	4904	Carmine	e Avenue Ba	altimore	Md. 2	1207
20e. Method ot Disp 1228 urlal 2 € 4 □ Donetion	☐ Cremetion	3 □Removei from	m Stete	Plece of Dispo cemetery, crem	osition (Neme of metory or other particular)	plece)	Dete	20c. Location -	City or Town, Stete County, MD.
21. Signature of Fu	nerel Service I	Licensee Ro	llui	22	2. Name end Add	dress of Fecility Nut	tter Fun	eral Ho	
23a. Part . Enter the shock, or hear	ne diseave, or at failure List	compilcations that only one cause on	caused the dec			tying, such es cardiec			Approximete Intervei Between Onset end Deeth
immediete Ceuse (l diseese or condition resulting in deeth)	on	θ	9/10/	plasto	ma	multip	orml		91108
	_	b	Brain	COLVI	LA ,				
Sequentielly list cor if eny, leeding to im cause. Enter Under Ceuse (Disease or thet initiated events	mmediate erlying injury	c		(or es e conseq					
resulting in deeth) L		d	Due to ((or es e conseq	uence of):				
Pert ii. Other signifi	icant conditio	ns contributing to	death but not re	suiting in the u	nderlying cause	given in Pert I.	23b. Did to	1	ntribute to the cause of death?
							24e. Wes a		24b. Were eutopsy findings available prior to completion of cause ot deeth?
		1					1 □ Y€		1 Yes 2 No
25. Wes case reterr exeminer?	^	Hospitai			- (Other:	eth (Check only on	N.	I Lagora
1 ☐ Yes 2 ☐ 1 27. Mariner of Deeth Neturei	th 5 Pending	28e. Dete	inpatient 2 to of injury onth, Dey Year)	28b. Time of Injury	f 28c. ini	njury et Vork?	ome 5 Reside		er (Specify) HONICO
2 Accident 3 Suicide 4 Homicide	investig 6 Couid n determi	not be 28e. Piec	ce of injury - At I	nome, term, str	M 1[Yes 2 No	28f. Location (St. City or Town		per or Rural Route Number,
29a. Certifier (Check only one)		Examiner: On the I				time, dete end plece, y oplnion, deeth occur			enner es stated. end due to the cause(s)

Division of Vital Records, P.O. Box 68760,

29a. Certifier (Check only one) 1 Certi 29b. Signeture and title of certifier 29c. License number

31. Dete filed (Month, Day, Year)

APR 16 1997

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Richey Hospice Ballomo. 21201

State Registrar

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filled within 72 hours after death with the Maryland Department of Heelth and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 2sa-f show any Injury or other traumetic event, the Medical Examinal must be notified at

Physician /Medical

Examiner

ettending physician end I for use es the burial-transit

been signed by the should be deteched

s certificate hes b director, page 2 s

After this

inding Physician: The lew requires that the deeth certificate be executed

Be Completed by Physician/Medical Examiner

Medical Certification: To

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

32 Registrer's Gignature

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Belle 0446 058 ph April /Medical 4e. Fecility Neme (It not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bon Secours Hospital Baltimore None 6. Sex 1 M 2 □ F If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Months Deys Hours Yrs. Director 226-14-4579 78 May 11, 1918 Virginia Usual Residence of Decedent Peges 1 end 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23s or 28s-4 show ury or other traumatic event, "a Magical Examinat must be notified at 10e. State 10b. County 10c. City, Town or Location 10d. fnside City Limits Maryland None 1 Yes 2 No Director Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1911 Druid Hill USA Funeral Ave. 21217 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 2☑No þ Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Unknown Unknown Unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be 2 George Grasty Marie Belle 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2: Department of Health er Important: If item 27 is any injury or other trau once. Leola Jackson & Elizia Belle 627 Lynhurst St. Baltimore, Maryland 21229 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Date 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 4-16-97 Landsdowne, Maryland 21. Signeture of Funerel Service Licens 22. Name end Address of Fecility The Derrick C. Jones Funeral Home 4611 Park Heights Ave. Balto., Maryland 21215 23a. Part1. Enter the disease, or complication; thut caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one clum, on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) · END STOWN LUNG CONCINIONA 2425 Examiner 13001451300 ing Physician: The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of gion of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) for use es ed by the a Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributa to the cause of death? 1 Tyes 2 No. 3 Probably 4 Unknown signed b þ been si 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Be Completed 24e. Wes en autopsy performed? certificate hes lirector, page 2 s 2 1 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) 1 Yes 1 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this Certification: 27. Menner of Deeth 28e. Dete of tnjury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred fter 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only within To the 29b. Signeture and title Apertifier 29c. License number 29d. Date signed (Month, Dey, Year) APRIL 14, 1997 30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print) Shavers, M.D. John 518 Camp Meade Rd. Linthicum, Maryland 21090 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State chia Savidson Registrar APR 1 6 1997

DHMH 16 Bey 6/95

State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificate o	f Death	7		Reg. No.			
			1. Decedent's Name (First, Middle, L	.ast)						2. Dete of De Month	eath Day	Year	3. Time of Death	
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	xamir		4e. Facility Name (If not institution, g	ive street end nur	m <i>ber)</i>			4b. City, T	own, or Lo	ocation of Deal	th 4c. County	of Death		
			MERIDIAN BRIGHT	WOOD NUR	SING HO	ME		I	BROOK	LANDVII	LLE BALT	IMORE		
Fu	neral		Social Security Number 6.	Sex	7. Age (In yrs.	lest birthdey)	If Under 1 Ye		r 24 Hrs.	8. Dete of Bi (Month, De	rth Vanel	9. Birthpl	lace (State or Foreign	
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b			Usual Residence of Decedent						_1					
rylar	3		10a. State 10b. County		10c. Cit	y, Town or Lo						10	0d. Inside City Limits	
N N	릨	Ş	MARYLAND N/A				BALTIMO	RE					1 X Yes 2 □ No	
£ 8		Director	10e. Street and Number				10f. Zip Code	•			10g. Citizen of	What Count	try?	
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5-UCCU 72 hours after deeth with the Maryland	the Medical Examiner must be notified at	Funeral	11. Marital Status	12. Was Dece Armed Fo	edent Ever in U		Was Decadent o	f Hispanic O	rigin? (Sp	ecify Yes or No		a - America		
2 ^a a	8		1 Never Married 21 Married		2 No		1 ☐ Yes 2 💆 N			riioan, ott.)		ck, White, e	AG.	
ours our	4	d by	3 Widowed 4 Divorced	Year or D	ates:		103 23	о орвон)	,. 		Specif		ITE	
ก็รู้	ag.	Completed	15. Decedent's l (Specify only highest g	Education rede completed)		16a. Dece	dent's Usual Occ kind of work do	upation	st of work	ina	16b. Kind of B	usiness/Ind	ustry	
d within 72 hours af giene.	3	du	Elementery/Secondary (0-12)	College (1	-4or 5+)	life.	DO NOT use ret	ired)		9				
X 2" 4	4	S	12				SECRETA	RY				SHOE	S	
0 = 9	event,	Be	17. Father's Name (First, Middle, Las	st)				18. Moth	her's Name	e (First, Middle	, Meiden Sumen	ne)		
should be and Mental	offic	2	FRANK	L	EVITZ	,			ANN	A		RUBI	N	
2 shc			19a. Informant'a Name/Relationship				-				er, City or Town,			
	4 6		MR. PHILIP F. B	RAGER (H	USBAND)	725 N	T. WILS	ON LAN	NE, A	PT. 522	BALTIM	ORE,	MD 21208	
	or other		20a. Method of Disposition 1 DBurial 2 Cremation 3	□ D		lace of Dispo	sition (Neme of metory or other p	eleca)	1	Date	20c. Location -	City or To	wn, State	
Pages	ıryo		4 Donation 5 Other (Spec		State	I	PETACH T	IKVAH	4-	9-1997-	- ROSEDA	LE, M	D	
permit. Pages 1 e	Ē,		21. Signature of Funeral Service Lice	ensee	T-10	22	2. Name and Add	fress of Faci	lity					
0 285	any i			augu	telima	in .	SOL	LEVIN	NSON	& BROS	,INC.			
			23a. Part1. Enter the disease, or con	mplications that ca	aused the death	h. Do not ent	er the mode of d	sterst ving. such a	s cardiac	Road Po	kesvill	e, MD	21208 Approximate	
Physi	cian		shock, or heart feilure. List onl	y one cause on e	ach line.			, ,		,			Interval Between Onset and Death	
	dical		Immediate Ceuse (Final		CADDIC	DITE MON	ממג עמגו	ncm						
Exam	niner		disease or condition resulting in death)	a			IARY ARR	FST	_					
		Due to (or as a consequence of):												
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wale has h	N	d H									v	of d	death?	
										10	Yes 2 No	1 🗆	Yes 2□ No	
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Physic		2	1 ☐ Yes 20 No	Hospital: 1 🗆 I	npatient 2	ER/Outpatier	IL SLI DOA		lursing Ho	me 5 Res	ldence 6 □Oth	er (Specify)	
		.i.o	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of (Mont	of Injury h, Dey Year)	28b. Time of Injury	28c. In	jury at /ork?		28d. Describe	how Injury occur	red		
Attending death.		Cati	2 Accident investigation				M 1	☐ Yes 2☐	No					
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14	1 A	edical	29e. Certifier 1 Certifying P	hysician: To the miner: On the ba	best of my know	wledge, death	estigation, in m	time, date a	nd place,	and due to the	cause(s) end ma	anner es ste	ated. the cause/s)	
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る事	8	Σ	29b. Signeture and the of certifier		1	N	30c. Lice	nse number			29d. Date signe	d (Month, E	Jey, Year)	
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6			30. Name and address of person who	commend caus	e of death (Item	2 (Type,	Print)			Į.	LAT I			
ٺ	/_		DR. ALAN M. SHOP	ROFSKY 5	15 FAIR	MOUNT	AVE. TO	WSON,	MD 2	1286				
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.			
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)	Exami		4a. Facility Name (If not Institution, GENESIS ELDERCA)		ber)			4b. City, Town, or RANDALLS			y of Death		
	Funeral Director		219-44-5946	3. Sax 1 M 2	7. Age (In yrs. last i	birthdey) Yrs.	If Undar 1 Yae Months Days		8. Dete of B (Month, D DEC •	2,1898	9. Birth	placa (Stata or LAND	r Foreig
	Maryland -f ehow	tor	Usual Rasidance of Decedant 10a. Stata 10b. County MARYLAND BALTI	MORE	10c. City, To	own or Lo		IMORE				10d. Inside Cit	
	1284 1707	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Cou	intry?	
	3a o		130 SLADE AVE.				2120	08		USA			
20	J within 72 hours after death with the Maryland jiene. Than "natural", or Heme 23a or 28e-f ehow the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Naver Married 2 Marria Widowed 4 Divorced	Armed Ford 1 ☐ Yas : If Yas, Give	2 X No			Hispanic Origin? (S ban, Maxican, Puar	specify Yas or N to Rican, etc.)	o- 14. Ra Ble Speci	ack, Whita,	ican Indian, , atc.	
3	tural	B		Yaar or Da		Sa Dacad	ent's Usual Occi	ination		1ch Kind of 5			
121	iene.	Completed	15. Decedent's (Specify only highast Elamentery/Secondery (0-12)	grada complated) College (1-		(Giva I life. E	kind of work done ONOT use ratir	a during most of wo ed)	rking	16b. Kind of E	HOME		
yland	ed at b	To Be	17. Fether's Name (First, Middle, Li ISRAEL	ast)	ATKIN			18. Mother's Nat SARAI			me) MER		
, Mar	nd 2 sh alth and 27 ia m r traum		19a. Informant's Name/Ralationshi	COHEN (DAUGHTER	9b. Mailin 72.	g Address <i>(Stree</i> 5 MT. WI	et and Number or Ri LSON LAN	ural Routa Numi E, APT.	ber, City or Town 410 BAL	n, State, Zij TIMOF	RE, MD	212
more	0 0		20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 4 □ Donation / 5 □ Othar (Spe		COTTO	tary, cram	sition (Nama of natory or other pl TFILOH		Data -11-199	20c. Location BALTI			
pall	permit. Page Department of Important: If any folury or once.		21. Signature of Funaral Sarviculus	1411	de		Nama and Add	LEVINSON	& BROS.	,INC.		01.000	
	_		23a. Part1. Epiar tha dinance or shock, or haart failufa. List or	implications that ca	used tha daath. D	o not anta	POO Reis	terstown ring, such as cardia	Road Pi	kesville errest,	e, MD	Approximata Interval Batw	a
1	Physician /Medical Examiner	ner	Immediata Ceusa (Finel disaasa or condition resulting in daeth)			er's	Dis	care				Onsat and D	Death
'n,	be executed ician and burlal-transit	i Examiner	Cause. Lines Origaniying										
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o	t the death by the atter tached for u	Physician	Part II. Other eignificant condition	_	-		,			l tobacco usa co		to the cause of	
ž.	8 8 8	ру Р	Atheosder	ofc,	S.COM	102	Color	111 7601	4			,	
ä	aw requir as been s 2 should	Completed							24a. We	s an autopsy ormed?	av cc	Vere eutopsy fir vallable prior to ompletion of ca f daath?	0
ai n	ate to a special state of the	Cou							1 🗆	Yas 2 No	1	□Yas 2□!	No
-	entife sctor.	Be	25. Wes casa rafarred to medical examiner?					26. Plece of De	ath (Chack only	one)			
a	100	မ	1 Yes 2 No			Outpatient	3 DOA			idance 6 DOt		(ty)	
SIOUS	funding seath tor: Alter the fund	Certification:	27. Mannar of Death 1 SNatural 5 Panding 2 Accidant investiga 3 Suicida 6 Could no	tion	, Day Yaar)	o. Time of Injury		Yes 2 No		how injury occu		10-1-1	
2	ospital or At hours after unarat Direc ily filled in by		4 ☐ Homicida determin	ed 28a. Placa o building	of injury - At homa, g, etc. (Specify)				City or To	(Streat and Num own, Stata)			Je1,
	To the Hospita within 24 hours To the Funeral completely tilled	Medical	(Check only 2 Medical Ex	Physician: To the bas aminar: On the bas and manne	ils of axamination a	ge, daeth and/or inv	estigation, in my	opinion, daath occu	i, and due to the irred at tha time	, dete end piece	, and due t	to the ceusa(s))
	0 V	-	29b. Signatura and titla of certifiar	Coop	lun	2		1753	5	29d. Data sign	ea (Month,	Day, Year)	
	10		30. Nama and addrass of person wi	no completed causa	of death (Itam 23s	i) (Type, f	Print)						
	Sta		DR ROBERT KROO 31. Data filed (Month, Day, Year)	32. Ra	gistrar's Signatura			RANDALLS	M, MWOT	D 21133			
DHE	Registr		APR 1 6 1997	July	Davidson-A	andell							

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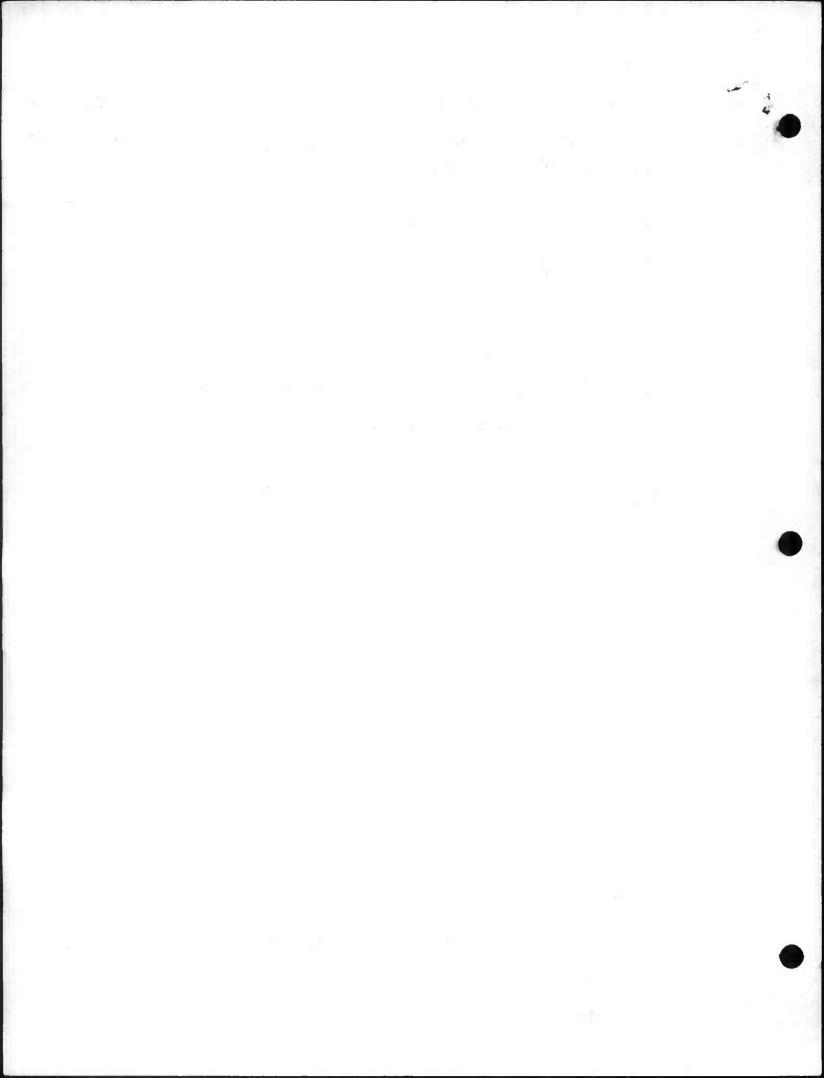
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State of Maryland / Department of Health and Mental Hygiene Items4a,27, 4-16-97, FilmG746, W.H.Per, Doctor

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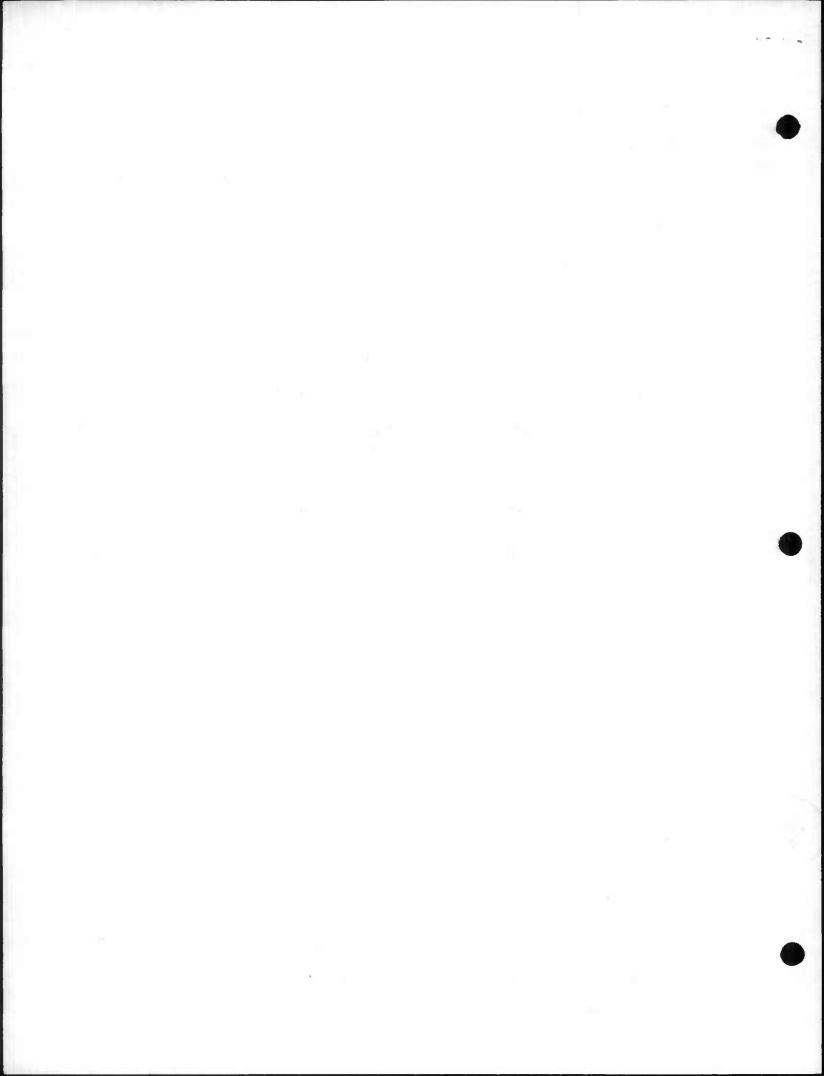
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	ruemsaa,		Certifica	te of Death	Reg. No.	
1	Physic /Medi		1. Decedant's Name (First, Middle, Last) Robert Collins		2. Data of Daath Month Dey O'H O'I	3. Tima of Death 15:30 PH
	Examile Examination Funeral Director		4e. Facility Nama (If not institution, give street end number) Infirmary Maryland House Of Correction 5. Social Security Number 6. Sex/ 1 1 M 2 F 7. Age (N yrs. last birthday) Months Usual Residence of Dacedent	4b. City, Town, or Lo 1 Year Tunder 24 H/s. Days Hours Min.		9. Birthplace (Stata or Foreign
aryland 2121	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mentiel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show shy highly or other traumatic event, the Modical Examiner must be numbed and and and a back.	To Be Completed by Funeral Director	10a. Stata 10b. County 10c. City, Town or Location Paltmore 10e. Street and Number 10f. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 10c. Zith 20	18. Mothar's Name France (Street and Number or Run That of the property of	Specifing 16b. Kind of B 16b	S. A. De - American Indian, ck, Whita, atc. Y: Black usinass/Industry A ne) Stata, Zip Code)
Balt	Physician /Medical Examiner	Examiner	23a. Pert1. Entar tha disease or complications that caused tha daath. Do not antar tha mo shook, or haert failura. List only one cause on each line. Immediate Causa (Final disease or condition rasulting in daath) e. Eud Stape Reduced Due to (odes a consequence of) Advanced		or raspiratory arrest,	Approximata Intarval Between Onset end Death
P.O. Bo	lew requires that the death certificate be executed as been signed by the attending physician and 2 should be deteched for use as the burial-transit	Physician/Medical	Sequentially list conditions, if erry, leading to immadiate cause. Enter Undarfyling Cause (Disassa or injury that initiated evants resulting in death) Last Due to (or exia consequence of d	Mudroue	23b. Dld tobacco use co	ontribute to the cause of death?
E .	The ata h	Be Completed by	25. Was casa rafarred to medicel	28. Place of Deat	24a. Was an autopsy performed? 1 □ Yas 2 2 No	24b. Wara autopsy findings aveilable prior to completion of cause of death? 1 □ Yas 2□ No
ivision of	Attending Physical death. ctor: After this by the funeral discount of the fun	Certification: To E	examinar? 1	OA Other: 4 Nursing Ho 28c. Injury at Work? 1 Yas 2 No		nar (Specify)MHC rred
	To the Hospital or I within 24 hours effer To the Funeral Dire completely filled in E	Medical C	Prote L-brojer, d.D	at tha tima, data and place, i, in my opinion, daath occurred. Licensa number	red at tha tima, data and place,	annar as stated. end dua to the causa(s) (Month, Day, Year)
	Sta Registr		30. Name and addrass of person who complated dause of daath (Ilem 23a) (Type, Print) Plote (Month, Day, Year) APR 1 6 1997			



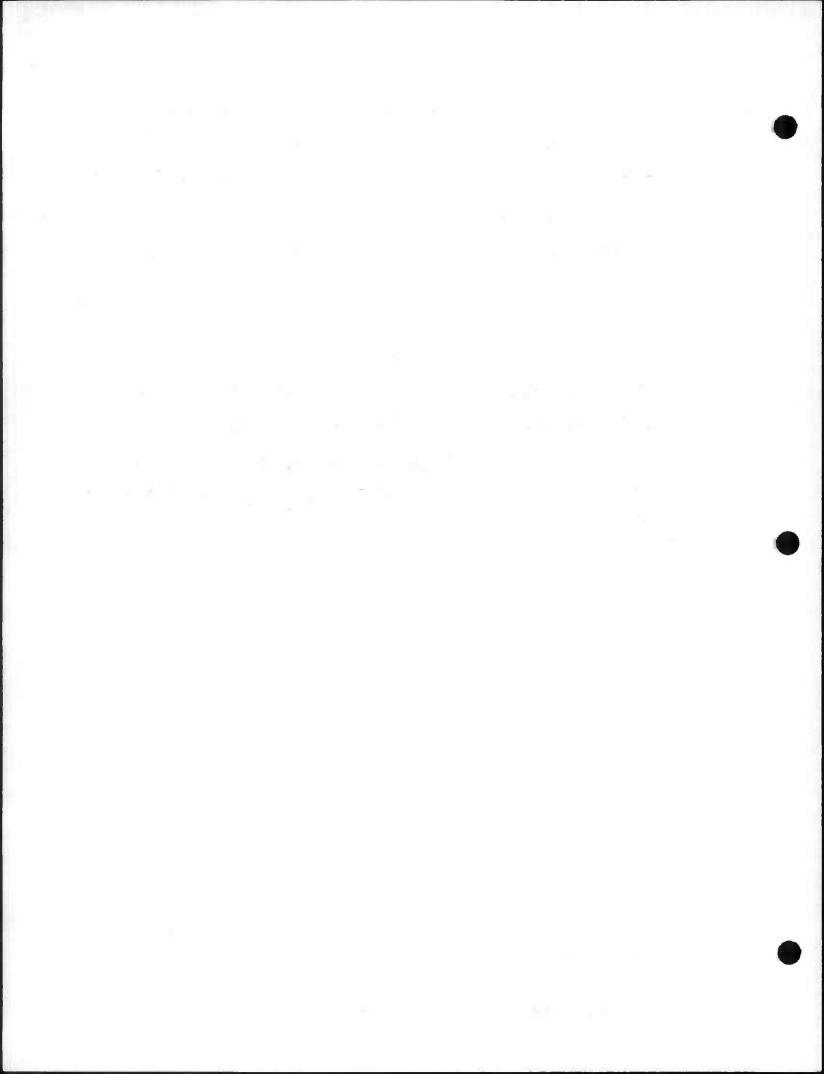
State of Maryland / Department of Health and Mental Hygiene

					Cei	rtifica	te of	Death)		Reg. No.	2 1		000									
			1. Decedant's Nama (First, Middla, I	.ast)						2. Data of D		Maria	3. Tim	na of Death									
	Physic		MARY L. CA						APRI	Dey 15	Year 997	17	OAM										
	/Medi Exami		4e. Facility Nama (If not institution, g	ive street and number)			1	4b. City, To	own, or L	ocation of Dae		1111	-										
7	LXaiiii	101	2816 Emerald					Park	Vill	0	Rol.	timo	.40										
-	Funeval				s. last birthday)	If Unde	er 1 Yeer				rth Dall			ate or Foreign									
	Funeral Director		213-76-6410	1□M 20(F 87	Yrs.	Months	Days	Hours	Min.	8. Data of Bi (Month, D	0,1909	Coun	gini										
020	land Manual	To Be Completed by Funeral Director	10a. Stata 10b. County	10c. C	City, Town or Lo	cation						1	0d. Insid	a City Limits									
	the Mary 28a-1 sh notified		Mp. Baitimo	re Po	TKKAIL	10f. Z	ip Coda				10g. Citizan of	What Coun		Yes 2 No									
	d 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Maylical Examiner must be profitted at		2816 Emerald	. Rd.		101. 2		1123	i a		USA		u y i										
			11. Marital Status	12. Was Decedant Evar in I	U,S. 13. \	Nes Dec	edent of h	lispenic Or	igin? (Sp	ecify Yas or N Rican, etc.)	o- 14. Ra	ca - Americ		n,									
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5-0	72 ho naturi		15. Decedant's	Education (rada complatad)	16a. Deced	ient's Us	ual Occup	oation during mos	st of work	rina	16b. Kind of E												
21215-0020	vithin ne. han "		Elemantary/Secondary (0-12)	Collega (1-4or 5+)				during mos d)	31 01 11011	w ig	14.												
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Maryland	should nd Men marke imatic		MOLLIN MHI	TTEN							NNETT												
N N	12 st and is m		19a. Informant's Neme/Ralationship	1		-				_	ber, City or Town												
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Bal	permit. Pages Department of I Important: If ite any injury or of		21. Signatura of Funaral Sarvica Lic	insee	22	. Nama a	nd Addra	ass of Facili	ity		880	o Har	Sord	1 Rd									
_	40 = e a		Robert	Lewesh.	E	VANS	CHA	PEL	ME	emorie	s Bal	M. of	d . 5	21234									
			23a. Part1. Intar tha disaasa, or co- shock, or heart failura. List onl	mplications that caused ha das	ath. Do not ant	ar the mo	da of dyl	ng, such as	cardiac	or raspiratory	arrast,		Approx										
	Physician				Ш								Onset a	and Death									
	/Medical Examiner	ı	Immadiata Causa (Final disaase or condition	Alzheimer	-1 Dem	entie							3 .	26.15									
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ž ×																							
Bo	eath cer attendin for use	Physician/		d								1											
	9 62	yslc	Part II. Other algnificant conditions	contributing to death but not ra-	sulting In tha ur	nderlying	causa giv	van in Part	I.	23b. Dld	tobacco use co	ontribute to	the cau	use of death									
0.0	the debt									1	Yes 2□ No	3 Prot	bably	4 Unknow									
ords,	quires an sign suid be	o Be Completed by	Completed		Completed	Completed	Completed										24a. Wa	s an autopsy ormad?	ava	aitable pr			
al Records,	The law re ate has be page 2 sho									mple	omple	omple	mplet									vaa atelaa	of
E I	Hoas or pa							25. Was cesa rafarred to medical					96 DI-	n of Day		Yas 2 No		Yes	Z LI NO				
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0	100	-	27. Manner of Death	1 ☐ Inpatiant 2 ☐	28b. Tima of		UN	4 🗆 14	ursing Ho		idanca 6 Dot how injury occu		/)										
SION	Age of the second	tlon	1 Naturel 5 Panding		28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? M 1 1 Yas 2 No			Toda Data non injury cookings															
5/	dear dear ctor: y the	fica	3 Suicida 6 Could not	be no Blood of Injury At h				28f. Location	81. Location (Street end Number or Rural Routa Number,														
Š	after dear Director I in by the								own, Stata)														
	To the Hospital within 24 hours a To the Funeral C completely filled	edical Ce	(Check only 2 Medical Exa	hyalclan: To the bast of my knowning. On the basis of examination	owladga, death	occurrac	at tha tir	ma, data ar	nd place,	and dua to the	causa(s) and m	annar as st	tated.	ise(s)									
	the P																						
	5 × 5 0		29b. Signatura end titla of certifier)		28		a numbar			29d. Data sign	(IRA =	Day, Yes	sr)									
	6,		PUW WWX	~ MS			X	4147)		FIPE!	0, 11.1	1										
	10		30. Name and address of person who RAYMUND W WILLS					#411		Baltin	M)	21	204										
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State of Maryland / Department of Health and Mental Hygiene

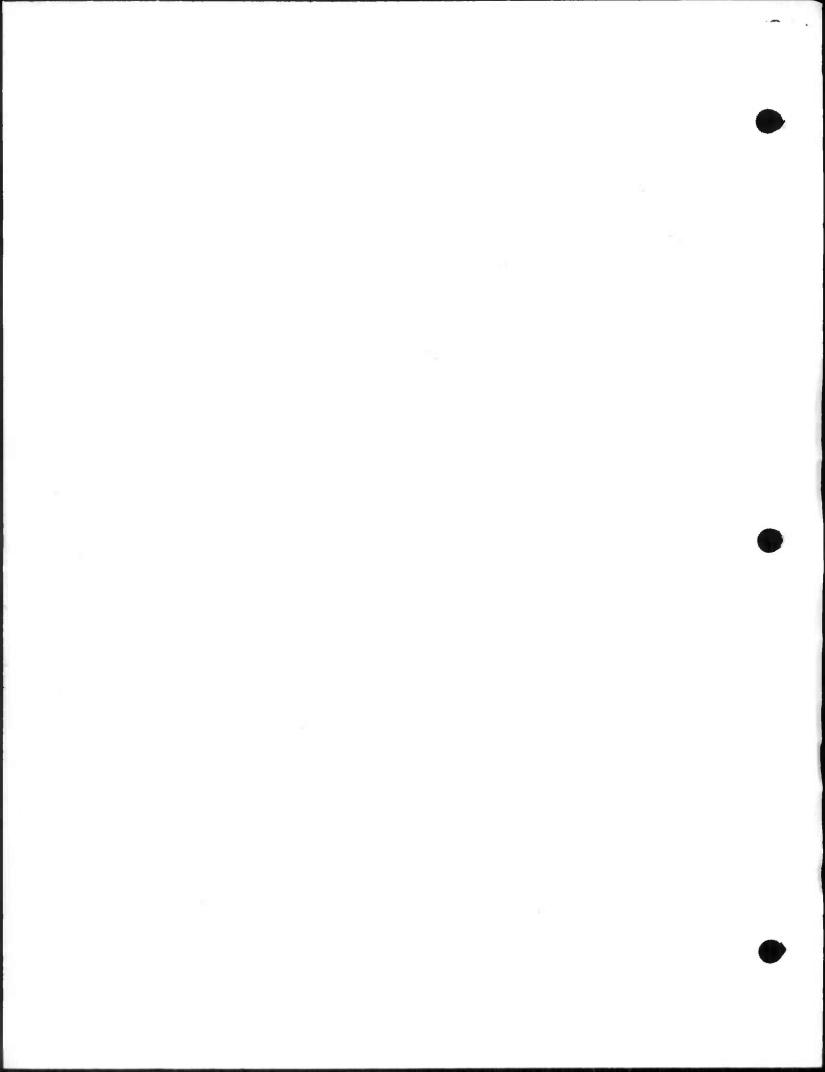
					Cert	ificate of	f Death		Reg. No.		11027
Phys	ician	1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Dey Yee							Yeer	3. Time of Death	
/Me	dical				ibein	capo		April			5:00 AM
Exa	niner	4e. Fecility Neme (If not institution,	give street end numb	oer)			4b. City, Town, or L	ocation of Dea	eath 4c. County of Deeth		
		1745 Portship R	Road				Dundalk			ltimo	ore
Funer Direct		5. Social Security Number 217~56~6455	3. Sex 7. 1 □ M 2 □ F	Age (In yrs. lest		If Under 1 Yes Months Dey		8. Date of Bi (Month, D June	orth ey, Year) 30,1919	9. Birthe Cour May	plece (Stete or Foreig ntry) Lyland
ъ.		Usuel Residence of Decedent		1							
a-f show	ctor	Maryland B	Baltimore	10c. City, To	own or Loca		Dundalk			1	10d. Inside City Limits 1 ☐ Yes 2次 No
with the	Funeral Director	10e. Street and Number 1745 Portship F	Road			10f. Zip Code	21222		10g. Citizen of V		•
death me 2	Jer	11. Marital Stetus	12. Wes Decede	ent Ever in U,S.	13. Wa	as Decedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yes or N			can Indien.
filed within 72 hours effer death with the Maryland Hygiene. Hygiene. I matural, or items 23a or 28af show mit, the Models and the matural be notified as	by Fur	3 ☑ Widowed 4 ☐ Divorced	Armed Force 1 Yes 2 if Yes, Give Year or Dete	[₹ No		res, specify Cu ☐ Yes 202 N		Rican, etc.)	Black, White, etc. Specify: White		
ges 1 and 2 should be filed within 72 ho t of Health and Mental hygiene. If Item 27 is marked other than "natur or other traumatic event, in Weden	Completed	15. Decedent's	15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of workin life. DO NOT use retired)				kina	16b. Kind of B	usiness/in	dustry	
Phin Phin	pje	Elementary/Secondery (0-12) College (1-4or 5+)		NOT use reti	red)	(m)g					
2 should be filled within end Mental Hygiene. Is marked other than aumatic event, marked	5	2 Years			Home	emaker			Ou	n Hor	ne
d 2 should be file th end Mental Hy 7 is marked othe traumatic event.	Be		ost)				18. Mother's Nam	e (First, Middle	e, Meiden Sumen	ne)	
uld b Vent	10 T	Charles Gilmore	Grace				Elizat	eth Ani	n Gussma	n	
ohs sho	-	19e. Informent's Neme/Relationship	o (Type, Print)	1	9b. Mailing	Address (Stre	et end Number or Ru				Code)
1 end 2 Health e em 27 is		Lauretta Denton	/Niece		509 T	rimble	Road Jox	pa. Ma	ruland	21085	5
of Health Item 27		20e. Method of Disposition	,	0.000	of Disposit	ion (Neme of tory or other p		Date	20c. Location		
Pages net: If Its		1 KBuriel 2 Cremetion 3 4 Donetion 5 Other (Spe		ate			· .	4/400=	_		
		21. Signature of Funerei Service Lie		Gara	iens o	f tate	h Cem. 4/1	4/1997	Ross	ville	2, MD
permit. Departm	9000	23a. Pert1 Inter the disease, or coshool or heart fell in I. List or	w Ne		10	Ja. D	h Time akal	Home of	of Dundal	k, Ir	nc. 1222
		23a. Pert1 Inter the disease, or co	omplications that caus	sed the death. D	o not enter	the mode of d	ying, such es cardiac	or respiretory	errest,	u 41	Approximete Intervei Between
Physicia	ın	onough nount to any. Elot of	., 0110 00030 011 000				_			i	Onset end Deeth
/Medic	al	Immediate Cause (Finel disease or condition resulting in cheath) e. Gastric Adeno carrinoma								1 10 -	
Examin	er	resulting in death)	e. 643	Due to (or es			wilnema	4			1 year
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requires that the deeth wen signed by the etter hould be detached for	Physician	Part II. Other significent conditions	contributing to death	h but not resulting	g in the und	erlying cause (given In Pert I.	23b. Dld	l tobacco use co	ntribute to	o the cause of death'
that the dead by the detached	F.	Ischemic	heart o	disease	,			1	Yes 2 No	3 Pro	bably 4 Unknow
es tha igned be de	þ	43616	NE 90-1- C	1 12667							
v require been si should	P								s en eutopsy ormed?	24b. W	ere eutopsy findings veileble prior to
Physician: The lew requires the contilicate has been signe ral director, page 2 should be or	pie									CO	mpletion of cause deeth?
The lew ate hes b	Completed							1 ☐ Yes 2 StNo		4.0	☐Yes 2☐ No
iclan: The certificate rector, pag		25. Was case referred to medical								11,	J Tes ZLINO
Physician: this certific ral director,	o Be	exeminer?	Hospitet:			0	26. Plece of Dee				
Physic this cral dir	F	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	28e Dete of it		Outpetient	3LI DOA	4 Li Nursing He		idenca 8 Oth		(y)
	Certification:	1 Naturei 5 ☐ Pending	(Month, Day Year) Injury Work?				28d. Describe how injury occurred				
	Cat	2 Accident investigat 3 Suicide 6 Could no	he	M 1 Yes 2 No			20t Longton (Street and Number or Purel Pouts Number				
or Attendefter deet Director:	E	4 ☐ Homicide determine	28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Num City or Town, Stete)					al Houte Number,			
Is a led											
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Certifier 1 → Certifying (Check only one) 2 → Medical Ex	Physician: To the be aminer: On the basis end menner	s of examinetion	dge, death o end/or inves	ccurred et the stigation, in my	time, date end pleca, opinion, deeth occur	end due to the red et the time	cause(s) end me , date end place,	enner as s end due to	iteted. o the ceuse(s)
To the within 2 To the complete	Z	29b. Signeture end title of cartifier	1			29c. Lice	nse number		29d. Dafe signe	d (Month.	Day, Year)
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1		/all 1	Kest	/ms		D 4	(()		1//4/	1/	
10		30. Name end eddress of person with		of deeth (Item 23	e) (Type, Pr	int)	R 11.	12 0	MA 2	227	>
U		Scott Leese	1 211	(Duna	MAIK	. Ave	Dallin	ore,	(1) (1)	26	_
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Regi	strar	APR 16	1997	Julia Davi	dson-10	Marie					



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. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTORY After this certificate has been signed by the attributing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	HOURS AFFECTURED THE STATE DEPT. OF TREATH AND MEMBER PROFIT TO DUTING, OF FEMORAL.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DITHE HOSPITAL OR ATTENDING PHY	D THE FLINERAL DIRECTOR: After this	HOURS After Death	MPORTANT: If item 28 is marke
1	1		

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Leist) $L04/5\xi$	CALLAHAN		2. DATE OF DEATH DAY	YEAR 1145 A M					
	4. SOCIAL SECURITY NUMBER 213-74-9124	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTINPLACE (State or Foreign Country)					
DIMECTOR	98 FACILITY NAME (If not institution, give PCRLING Park	way Nupsing Home	Parkville	ath 9c. coun	HY OF DEATH					
	10a, STATE 10b, COUNT	Vinaga 10c. otry	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	10a. STREET AND NUMBER	d live	101. ZIP CODE	/ 10g. CITIZ	1 VES 2 NO ZEN OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN U.S., ABMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Maxica	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc.					
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDI		1 TYES 2 TONO Specify	16b. KIND OF BUSINESS/IND	Specify: WN 1+4					
COMPLEIE	(Specify only highest grad	College (1-4 or 5+) (Give kind of wor life. Do NOT use in lite. Do NOT use in life. Do NOT use in life. Do NOT use in life. D	tk done during most of working retired.)	Home						
BE COR	GRORGE KRO	iuK	16. MOTHER'S NA	ME (First, Middle, Malden Surname) NIP () MA	λĺ					
2	198 INFORMANT'S NAME (Type/Print)	MAN SON 3013.	SICONO AVI.	Parkyll D. W.	21234					
	20e, METNOD OF DISPOSITION 1 (A Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF complexy complexy complexy complexy complexy complexy complexy complex	DISPOSITION (Name of	ASTELL 200 LOCATION - 0	City or Town State					
	21. SIGNATURE OF FUNERAL SERVICE CO	NOWN.	22. NAME AND ADDRESS OF FAI	Eyans Che	Hel of Memore					
	23. PART i. Enter the disesses, or shock, or heart failure.	complications that coused the deeth. Do not List only one couse on sech lins.	enter the mode of dying, auci	n ss cardiec or reapiratory arro	intarvai Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	8. Charle My	contal in	pritin	Corry					
2	disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): Cutting in death) DUE TO (OR AS A CONSEDUENCE OF): Cutting in death) DUE TO (OR AS A CONSEDUENCE OF): Cutting in death) DUE TO (OR AS A CONSEDUENCE OF): Cutting in death) DUE TO (OR AS A CONSEDUENCE OF):									
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST	d								
SICIAN: MEDICAL	PART II. Other algnificant condition	na contributing to death but not resulting in	the underlying cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AND A BLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
		RIBUTE TO CAUSE OF DEATH YES	□ NO 🖾 UNCERTAIN		1 - YES 2 -NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO		(Check only one) THER: Marsing Nome 5 - Residence	6 Other (Specify)						
	27. MANNER OP DEATN 1 Patural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME (INJUR	DF 28c. INJURY AT WORK? M 1 YES 2 ND	28d. DESCRIBE NOW INJURY OCC	URED					
2	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, farm, etre building, etc. (Specify)	et, factory, office	28f, LOCATION (Street and Number City or Town, State)	or Rural Route Number,					
July	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
2	296. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUM		SIONED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) 03 (12 20 20 20 20 20 20 20 20 20 20 20 20 20									
	31. DATE FILED (Month, Day, Year)	P. PEGISTANT'S SIGNATURE DANGE	14 LT	140 212	50					



State of Maryland / Department of Health and Mental Hygiene 97 | 1396

hysicia	_	1. Dacedent's Name (First, Middle, L GARNELL	CARTIR						2. Dete of De		14°00 r	3. Time of Deat
/Medica Examine	_	4e. Fecility Name (If not Institution, g	iva street end number	er)				own, or Lo	ocation of Daath	4c. County	of Deeth	E CITY
ineral ector		231-42-4105	Sex 7. 1 ☑ M 2 ☐ F	Aga (In yrs. le	est birthday) Yrs.	If Under 1 Y Months Da		24 Hrs. Min.	8. Data of Birt (Month, De	th y, Year) 19,1933		ilece (State or Fore try)
wode in pe	or	Usuel Rasidence of Decedent 10e. Stete 10b. County Md. Baltimo	re		Town or Lo							0d. Inside City Lin
3e or 28e	Funeral Director	10e. Straet and Number 8714 Gilly Way				10f. Zip Coo				10g. Citizan of	Whet Coun	itry?
is marked other than "netural", or ferm 23e or 28a-f ahow aumatic event, the Medical Examiner must be notified at	by Funera	11. Marital Stetus 12 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Yas 2 If Yes, Give Yeer or Dete	s? ☑ No			of Hispanic Or Cuban, Mexica	n, Puerto	ecify Yas or No- Rican, etc.)	- 14. Rec Bie	ce - Americ ck, White, y: Blac	etc.
Vedical Exam	Completed	15. Decedent's I (Specify only highest g Elementery/Secondary (0-12)	Education rede completed) College (1-4d	Y 54)	(Give	dent's Usuel Oo kind of work do DO NOT use re	ne during mos	st of work	ing	16b. Kind of B	usiness/Ind	dustry
tic event, the	То Ве Сош	Grade School 17. Fethar's Nema (First, Middle, Les	Fork Lift Operator 18. Mother's Name (First, Middle, Meiden Sumeme) Mattie Agnes Phillips						р.			
		19e. Informent's Neme/Rejetionship Audrey Frazier Ca		Mattie Agnes Phillips Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4 Gilly Way Owings Mills, MD. 21133								
iny or other tr		20a. Method of Disposition Surface 2 Cremetion 3 4 Donetion 5 Other (Spec		ta la	ace of Disposition (Name of present the present that the present the present that the present that the present the present that the present that the present the prese							
any injury or once.		21. Signatura of Funaral Service Lice	22. Neme end Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216									
niner		diseese or condition resulting in deeth)	θ.	YOUAL	UIME	INFA						
e as the bur	Medic	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	b	Due to (or e	es e conseq	ruence of): RTLA7 uence of):		245	٤			
tached for use as the bur	Physician/Medical	thet initieted events	c	Due to (or e	es e conseques e c	uence of): RT2 ~7 uence of): uence of):	ois	245	23b. Did t			
be detached for use as the bur	by Physician/Medical	Pert fl. Other significant conditions	c	Due to (or e	es e conseques e c	uence of): RT2 ~7 uence of): uence of):	ois	245	23b. Did t		3 Prob	pably 4 Tunkr
ins been signed by the attending physicial post section of the physicial physicial by Dhyselvian Mandicel	Completed by Physician/Medical	Pert fl. Other significant conditions SEPS 1 S 25. Wes case referred to medical	c	Due to (or e	es e conseques e c	uence of): RT2 ~7 uence of): uence of):	given in Pert i	245	23b. Did t	en autopsy med?	3 Prob	mpletion of causa
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of in the luneral director, page 2 should be detached for use as the burneral director.	redical cermication; To be completed by Physician/Medical	Pert fl. Other significant conditions \$\inc S \inc P \inc 1 \] 25. Wes case referred to medical exeminer? 1	Hospitel: 1 Impa 28a. Dete of In (Month, December 28e. Place of In building, In hysician: To the besimmer: On the basis	Due to (or e	es e conseques es e c	t 3DOA A Set, factory, offi	26. Place Other: 4 Nuniury at Work? I Yes 2 Ce	e of Deeth	23b. Did t 1 24e. Wes a performance of the perform	en autopsy med? Yes 2 No ne) lence 6 Oth now injury occur Street end Numb m, Stata)	3 Prot 24b. We eve cor of a series of a se	pably 4 Punkr ere eutopsy finding elieble prior to mpletion of causa deeth? Yes 2 No No Route Number, eted. the cause(s)

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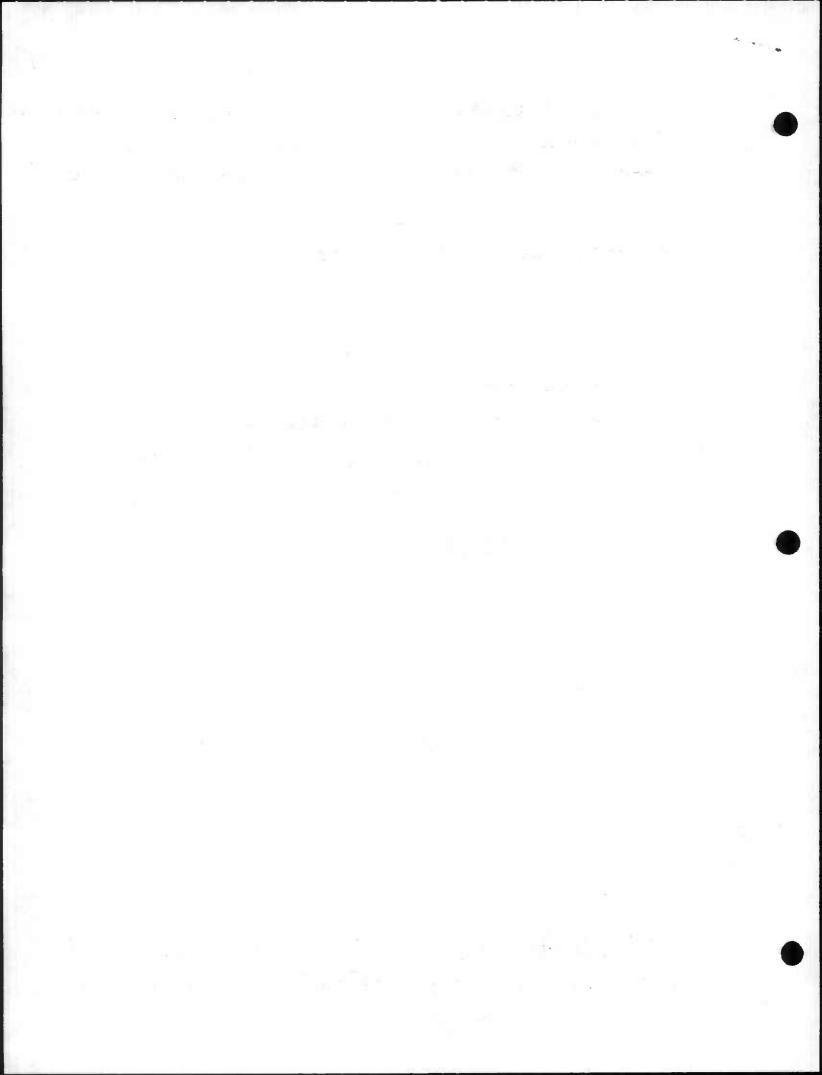
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Dertrude 1997 HOBIL F0 /Medical 4a. Facility Name (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Lorien Nursing Home Columbia Howard if Under 1 Yaar if Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 3/10/1910 **Funeral** Birthplace (State or Foreign Country) Days 1 M 254F 220-44-6939 Yrs. Director 87 MD Usual Residence of Dacedent with the Maryland 10a State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ms 23a or 28a-f short must be notified a MD Director 1 ☐ Yes 2X No Howard Columbia 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 7080 Cradlerock Way 21045 Funerai USA death items ? 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates: 11. Mantai Status 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican indian, The Medical Examiner Black. White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 21215-0020 6 1 Yas 2 No Specify: Completed by Specify: White 3℃ Widowed 4 Divorced "natural", 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 6 Homemaker None Own Home Baltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 Is merked other by Injury or other traumetic event 18. Mothar's Name (First, Middle, Maiden Sumeme) Be Benjamin Franklin Unger Stella Dunn 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jim Kinnear 4749 Gawain Drive, Ellicott City, MD (Nephew) 21043 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Date 1 Buriai 2 Cremation 3 Removal from State 4/12/1997 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) New Cathedral Cem. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Witzke Funeral Homes, Inc. 5555 Twin Knolls Rd. Columbia, MD Lemmer 23a. Part1. Enter the disease, or complications that ceusad the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** eest Failure. /Medical immediate Cause (Final PUNY disease or condition resulting in death) Examiner Due to (dr as a consequence of) Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest and Due to (or as a consequence of) Vital Records, P.O. Box 68760, attending physician for use as the burie Physician/Medical Dua to (or as a consequence of) signed by the aid be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 ☐ Unknown by Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceusa of death? has cate 1 Tes 2 NO 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel examiner? Be 26. Place of Death (Check only one) Other: Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 XNo 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Medical Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation Naturat 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours To the Funeral completely tilled 29a. Certifier Exititying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) 11055 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** CAUTHEN 1 1997 4c. County of Death ATHRENE /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 5/NA/ 5. Social Security Number BALTIMORE If Under 24 Hrs. 8. Date of Birth HOS 6. Sex SPITAL 8. Date of Birth Month, Day, 7. Age (In yrs. lest birthdey) If Under 1 Year 9. Birthplace (Stete or Foreign Country) **Funeral** 2-22-7/4 Months 1□M 294 Deys Hours Min Yrs. Director Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth end Mental Hygiene. Important: if Nem 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumetic event, the Hadical Examinar must be notified. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Pres 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, 11. Marital Status Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: If Yes, Give Yeer or Detes: BLACK þ Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) NEUER WARKED Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondegy (0-12) College (1-4or 5+) 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be AU 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Toylin, Stete, Zip Code) MARGIE 20b. Plece of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 5 □ Other (Specify) 4 Donation 21. Signature of Paneral Service Licensee WEBA! plications that caused the death. Do not enter those cause on each line. Approximate intervel Between Onset end Deeth Physician /Medical tmmediate Cause (Final DACTERIAL disease or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner ISCHEMIC nding physicien end use es the buriaf-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequenca of): Physician/Medical Due to (or es a consequence of): signed by the e Part It. Other significant conditions contributing to death but not resulting to the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the causa of death? 1 Yss 200 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evalleble prior to completion of cause of death? should Completed 24a. Was en eutopsy performed? s certificate has b director, page 2 s 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: after death. Director: After this certifice 25. Was case referred to medicat Be 26. Ptece of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes Inpatient 2 ER/Outpatient 3 DOA funeral 27. Menger of Deat 28a. Date of Injury (Month, Day 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Natural 5 ☐ Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) illed in by 4 Homicide 4 5

artifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the cause(s) end menner es stated.

In the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) and menner stated.

who completed cause of deeth (Item 23a) (Type, Print)

32. Registrer's Signature

Silia Savidson Rand

SINAI

astelbuono

29c. License number

HOSPITAL

AS2402321AC9033

29d. Date signed (Month, Dey, Year)

State Registrar

Wedical

29a. Certifier (Check only one)

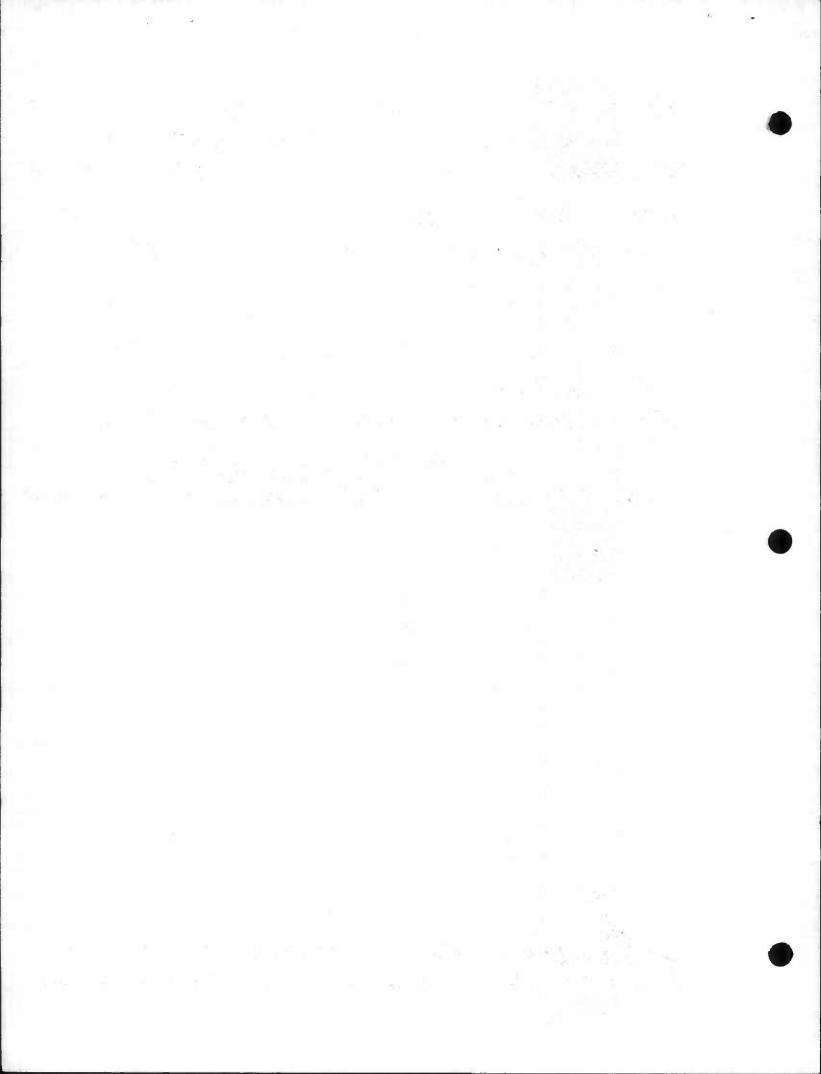
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31. Date filed (Morth, Dey, Year)

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760



State of Maryland / Department of Health and Mental Hygiene 9 7

11399

						Ce	rtificate	of	Death		R	eg. No.		11035
	5 1		1. Decedent's Nema (First, Middle, L	ast)							2. Dete of Dee	h	Voor	3. Time of Deeth
	Physici /Medi		WILLY			CI	KER				APRIL	12 ⁰ ,1997	Yeer	8pm
	Examir		4e. Fecility Neme (If not institution, g	va street end	number)				4b. City, To	wn, or L	ocation of Death	4c. County	of Death	
			KESWICK NURSING							LTI		N/A		
	Funeral Director		5. Social Security Number 6. 103-12-1362 Usuel Residence of Decedent	Sex 1 Mg M 2 □ F	7. Aga (In yrs. 72	lest birthday) Yrs.	If Under 1 Months	Yaar Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Dey APRIL	18, 192	9. Birthp	oleca (Stata or Foreign NY) STRIA
	/land		10a. Stete 10b. County		10c. City	y, Town or Lo	cation						1	10d. Inside City Limits
	he Man 28a-f sh curied	Director	MARYLAND BALTIM	ORE			BALT		DRE					1 O Yes Z No
	23a or 3		1 POMONA EAST, A	PT. 10	3		10f. Zip (ode	21	.208		0g. Citizen of \	vnet Cour	ntry?
21215-0020	in 72 hours after death with the Maryland "netural", or Items 23s or 28s-f show fedical Expansion results to notified at	by Funeral	11. Marital Status 1 ☐ Naver Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed 1 XY e If Yes,	ecedent Ever in U, Forcas? es 2 No Give or Detes:		Wes Decede If Yas, specil 1 ☐ Yes 2				ecify Yas or No- Rican, atc.)		ck, White,	cen Indien, atc.
5-0	72 h natu	Completed	15. Decedent's I (Specify only highest g	ducation ede complete	ed)	(Give	dent's Usuel kind of work	done	during mos	t of worl	king	16b. Kind of B	usiness/In-	dustry
121	within ene.	I du	Elementery/Secondery (0-12)		e (1-4or 5+)		DO NOT use		d)			OT 6		
	be filed withing tall Hyglene. d other than event, the Market than event, the Market than event, the Market than event, the Market than the Ma		12 17. Fether's Neme (First, Middla, Las	e1			SALESM	AN	10 Moths	ar'e Nom	a (First, Middle, I	-	THIN	G
Maryland	o d is b	To Be	NOAH	.,	(CIKER			To. Work	3 (40)	ANNA	viologii ouman	16)	MUECK
	C/ @ @ @		19e. Informent's Neme/Reletionship MRS. RUTH M. CIK		(WIFE	-	-				re <i>l Route Numbel</i> O3 B ALTI			
Baltimore,	permit. Pages 1 end Department of Health Important: If Item 27 any injury or other tr once.		20a. Method of Disposition	_		lace of Dispo	sition (Nemo	of er ple	ce)	1	Dete	20c. Location -	City or To	own, Stete
E	permit. Pages Department of Important: If Its any injury or o	1	1 A Burial 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Other (Spec		om State					SED	-4-13-19	97 RAN	DALLS	STOWN, MD
alti	permit. Pa Departmer Important: any injury		21. Signature Funerel Service Lice	nsel -	10	22	2. Neme end							
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			23. Part Enter the dispass, or con shock, or heart feilure. Est onl	n licetions the	et ceused the death	n. Do not and	er the mode	of dyl	ng, such es	cerdiac	Road Pik or respiretory err	esville est,	≥, MD	Approximete
я	Physician		SHOCK, OF HEART FAILURE, EAST OFF	y one cease o	il eedi iile.								1	Interval Betwaen Onset end Deeth
4	/Medical		Immediate Ceuse (Finel disease or condition	- 1	750-291.00	Pula	MONIA	16 4	TH SE	229				3 DAYS
н	Examiner		resulting in deeth)	θ	Due to (o	r es e consec	quence of):							
	b si	ine	_	h c	Swallow.	Sc DA	50230	ال					1	1 45
	thet the death certificate be executed ed by the attending physician and detached for use as the burial-transit	Examiner	Sequentially list conditions,	0.		r es e consec								
60,	be ex		if eny, laading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury	C	Lodge st	20.46	· imu	LTI	ric S	CLG	usis		į	40 YRS
68760,	phys the	Medical	thet initieted avents resulting in deeth) Lest		Due to (or	es e conseq	uence of):						į	
×	n certifi anding use as	Me	li .	d										
Bo	eath ce attend	Physician/												
0	thet the de ad by the detached	iysi	Pert II. Other significant conditions			uiting in the u	nderlying ce	use gr	ven in Pert i	l.		_		o the cause of death?
4	es thet igned b	by Pt	Science)	502)64	-						1 4	es 2 No	3 Pro	bably 4 Unknow
Records,	requir	Completed b									24e. Wes e	n eutopsy med?	av co	ara autopsy findings relieble prior to empletion of cause deeth?
	0 - 0	E O									1 U Y	s 2 No	1[□ Yes 2X No
Vital	certificate irector, pag	BeC	25. Was cese referred to medical	T -					26 Plece	of Dea	th (Check only or			2 100 94 110
>		ToB	exeminer?	Hospital:	☐ Inpatient 2☐	ER/Outpatier	nt 3 DOA	Otl			ome 5 Reside		er (Specif	(v)
10	g Phys or this nerel d		27. Menner of Deeth		ote of Injury Ionth, Dey Yeer)	28b. Time of		c. Inju Wo			28d. Describe h			,,
vision	ath. rr: Alter	Certification:	1 Neturel 5 ☐ Pending 2 Accident Investigation	on	Gilli, Doy 1661)	Injury	М		Yes 2	No				
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Baltimore, Maryland 21215-0020

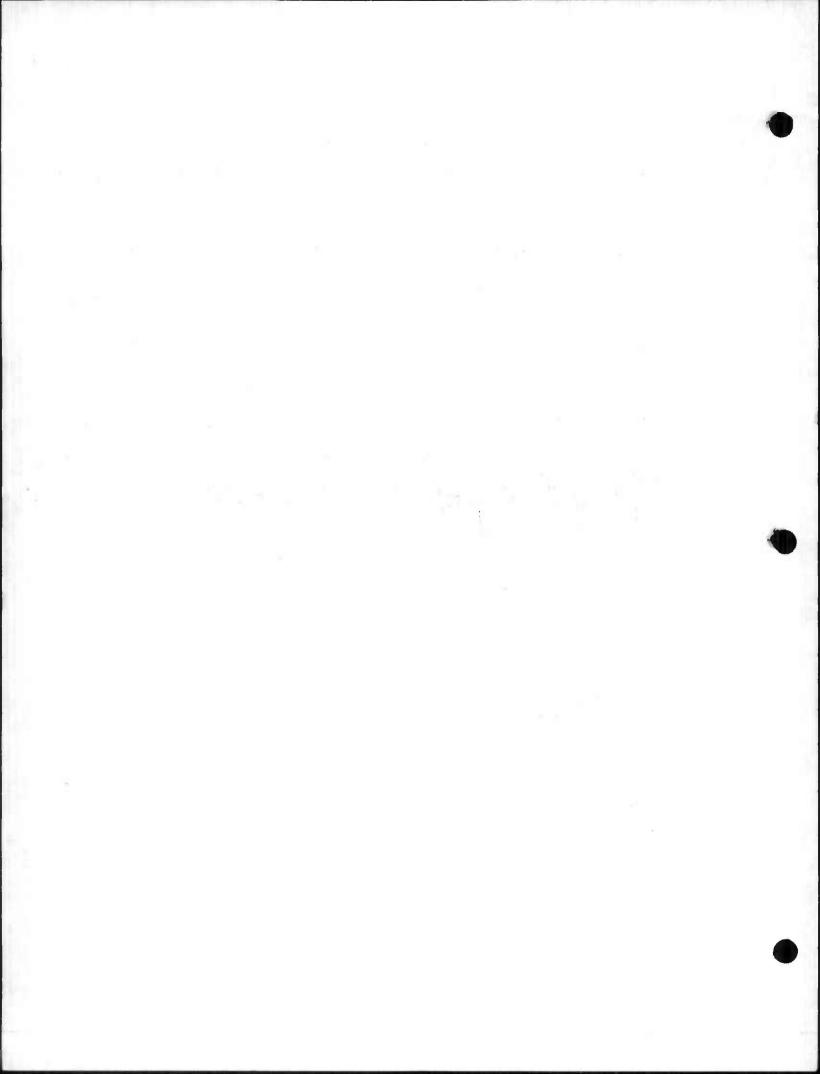
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State Registrar 111 Penn Street, Baltimore, Maryland 21201

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yand	ector		5. Social Security Number 21.2-1.8-7385	Sex 7. A	ge (in yrs. ia	birthday) If Un Yrs. Mont	der 1 Year hs Deys	If Under 24 Hrs Hours Min.	8. Dete of B	inth 7967		lece (State or Foreign try)
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The Man	the notified at	Funeral Director	10e. Street end Number 1.21.7 W. Fayet				Zip Code 21,2	201		10g. Citizen of	What Coun	try?
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21215-0 d within 72 hou giene.	the Medical E	Completed	15. Decedent's (Specify only highest: Elementary/Secondary (0-12) 8 th	Education		16e. Decedent's U (Give kind of life. DO NO House			rking	16b. Kind of E		lustry
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Baltim permit. Ps Departmen Important:	any injury once		21. Signature of Funeral Service Lic	0 Du	ett	LERC	Y 0.	ss of Fecility DYETT ERTY HE	& SON	FUNERA	L HO	ME, P.A.
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P.O. Box (at the death certification of by the attending	ached	Physician/M	Pert II. Other significant conditions	contributing to death t	but not result	ing in the underlyin	g ceuse giv	ven in Pert I.		d tobecco use co		the ceuse of deeth?
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w × .00	ysician: is certific director,		exeminer Other:						ath (Check only one) Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred		')	
Division To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After	completely filled in by the funeral	Certification:	3 Suicide 6 Could not determine	be 28e. Place of In	jury - At hom tc. (Specify)	e, ferm, street, fec			28f. Location City or To	(Street and Num own, Stete)	ber or Rura	l Route Number,
To the Hospital within 24 hours	letely fills	29a. Certifier (Check only one) 29b. Signeture end title of certifier 29b. Signeture end title of certifier 29c. License numbers 29c						ne, dete end place pinion, death occu	place, end due to the cause(s) and manner as stated. occurred at the time, date end place, end due to the ceuse(s)			ated. the ceuse(s)
To the within	сош							e number 044		the time, date end place, end due to the ceuse(s) 29d. Date signed (Month, Day, Year)		
0	7		30. Name and address of person wh 31. Date filed (Month, Day, Year)	o completed sause of	death (Item 2	(Type, Print)	no	7				



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11402

					,	Certifica	ate of	Death		Reg. No.		11902
	6		1. Decedent's Name (First, Middle, L.	est)					2. Date of De		Maria	3. Time of Death
	Physici Medie/		Russell		Do	rse y			Apri	l 12	1997	10:50 AM
	Examir		4a. Facility Name (If not Institution, gi	ve street and number)		_	5	4b. City, Town, or	Location of Death			
			SINAI HOSPIT	ΔΊ.				BALTIMO	ינוסו	NT /	٨	
	Funeral		5. Social Security Number 6.	Sex 7. Ag	e (in yrs. last b		der 1 Year	If Under 24 Hrs	8. Date of Bir	th N/	9. Birthpl	lace (State or Foreign
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	yland		10a. State 10b. County		10c. City, To	wn or Location					10	0d. fnside City Limits
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	1 28g	Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of	What Coun	try?
	3a o	0	4406 W. FORES	T DADV			2120	7			C	
	ins 2	Funeral	11. Marital Status	12. Was Decedent	Ever In U,S.				specify Yes or No	- 14. Rac	o - America	an Indian.
0020	urs after death with the Maryland al', or items 23a or 28a-f show Examiner man be notified a	by Fur	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 Y			pecify Cub	Hispanlc Origin? (S pan, Mexican, Puer Specify:	to Rican, etc.)		ck, White, e	
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37	shound M	-	19a. Informant's Name/Relationship		19	b. Mailing Addre	ess (Street	t end Number or Ri				
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e,	F Heal		20a. Method of Disposition	(1122	20b. Place	of Disposition (A	lame of		Dete	20c. Location		
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Baltimore	artmen ortant: Injury		21. Signature of Funeral Servica Lica	**								
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			23a. Part1. Enter the disease, or con	plications that caused	the death. Do						0.,11.	Approximete
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	rtificate be executed ng physician and s as the bunal-transit	Medical	resulting in death) Last		(-		,				į	
Box	eath cer attendin	2		d							<u> i </u>	
	death ce e attendii	Physician/	Part II. Other algnificant conditions	contributing to death b	ut not resulting	in the underlying	CRUSA di	ven in Part I	23h Dfd	tohacco usa co	ntribute to	the cause of death?
P.0	the ach	h					, cauco g					eably 4 thinnown
	s tha	by P	Hypertersion	~					,,,	100 2010	0_,,,	doi) 42 ondioni
Records,	w requires that the s been signed by th s should be detach								24e. Was	an eutopsy		re autopsy findings
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Re	ha:	Completed	0									
			25 Was once referred to medical						101	4.7	11	Yes 2 No
Vital		Be	25. Wes case referred to medical examiner?	Hospital:			Ott	nor:	ath (Check only o			
of	문 문 교	2	1 ☐ Yes 2 ☑ No 27. Menner of Death	28a. Dete of Inju		utpetient 3 Time of	DUA	4 LI Nursing F	lome 5 Resk	denca 6 ⊟Oth now Injury occur)
Division	Attending Phy or death. octor: After thi by the funeral	Certification:	1 Neturel 5 ☐ Pending	(Month, De	Year)	Injury	28c. Inju	rk? Yes 2 □ No	200. 00001001	iow injury occur	100	
S	death death stor: A y the f	Ca	3 ☐ Suicide 6 ☐ Could not b	00- 51(1-:	Inc. At home f				28f Location /	Street and Numi	ner or Rura	Route Number
S.	54.40	ET.	4 ☐ Homicide determined	building, et	(Specify)	aim, 311 001, 1401	ory, omca		City or Tov		or or rigid.	riodio ridinosi,
	Hospital 24 hours a Funeral Dietely filled		29a. Certifier 1 Certifying Pt	nysician: To the best	of my knowledge	o death coourre	d at the tir	me date and place	and due to the	onuse(s) and m	noner ee et	eted
	Hos 24 h Fun etely	edical	(Check only 2 Medical Example one)	niner: On the basis of	examination a	nd/or investiget	on, in my	opinion, death occu	rred at the time,	date and plece,	end due to	the cause(s)
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled In by	Me	29b. Signature and title of certifier	and mainer of		1 2	9c. Licens	se number		29d. Date signe	d (Month. L	Day, Year)
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			Jeveny 8h	Calken	~ Y	v. O.		100	9021	walnu	12	1777
	12		30. Name end eddress of person who	completed cause of d	eath (Item 23a)	(Type, Print)	Ba	etmane	, man	gland st Bet	212	15
	110		31. Date filed (Month, Day, Year)	KENS N	er's Signature	mai t	+OSK	sital, Zi	101 WE	14 1sec	uede	re Horne
	Sta Registr		-	9 / Main	s s signature	0	•					
	negisti	pi i	APR 16 1997	warday	- Mariones							

Please	Type or Print In I State of Marylar	d / Departr	ment of h	lealth and			ble.	403
		Certifi	icate of	Death	R	eg. No.		
1. Decedant's Nama (First, Middla, Las	st)				2. Data of Deal	h Dev	Year 3.	Time of Death
LAYDE A	NTONY DA	SILVA	\			14, 1997		42PM
4a. Facility Nama (If not institution, give			9	b. City, Town, or	Location of Daath	4c. County	of Death	
Greater Baltimore				Towson		Balt	imore	
N/A	ex 7. Age (In yrs.		Undar 1 Yaar onths Days	If Undar 24 Hrs Hours Min.		Year) 5,1917	9. Birthplece Country) Brazil	(Steta or Foreign
Usual Rasidance of Dacedant 10a. Stata 10b. County Amazonas N/A	202	y, Town or Location	n					nside City Limits
10e. Street end Number	110		Of. Zip Coda		1	Og. Citizen of V		^^
Eyner Encarnacao	188		11 11 15	490		-	Brazil	
11. Maritei Stetus	12. Was Decedant Evar in U	.S. 13. Was		ispanic Origin? (S	pecify Yas or No-		e - American II	idian.
1 □ Nevar Married 2 □ Married	Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas:	If Yas	s, specify Cube	Specify:	to Rican, etc.)		k, White, etc.	
15. Decedent's Ed		16a. Decedent's	Usuel Occup	etion		16b. Kind of Bu	isinass/Industr	V
(Specify only highast grade Elemantary/Secondery (0-12)	da completed) College (1-4or 5+)	(Giva kind lifa. DO N	of work dona IOT usa ratire	during most of wo	rking			
	2		lomemak			Own H		
17. Father's Nema (First, Middla, Last)					ma (First, Middla, I	Aeiden Surnam		
Leandro		Antony		Maria				rreira
19a. Intormant's Name/Ralationship (7					ural Routa Number			21093
Inez Penna	Daughter			inary Av	enue Lutl	nervill	e, Mary	land
20e. Mathod ot Disposition 1 ☐ Buriai 2 ☐ Cramation ③(①) 4 ☐ Donation 5 ☐ Other (Specify	Ramoval from State	Place of Disposition rematary, cremator 1 Joan Ba	y or othar pla			danaus		Stata
and the second s	a. Acute Pi Dua to (c b. Congest	n. Do not antar the	Embolu ee of): Failu	ng, such as cardia	timore, I	est,	App Inte On:	roximata rval Between et and Death hr
Sequantially list conditions, if eny, leeding to immadiata cause. Enter Undartying Cause (Diseesa or Injury that initiated avants rasulting In daath) Last	c	r as a consequenc						
Pert II. Other significant conditions co	entributing to death but not ras	ulting in tha undarf	ying cause giv	en in Part I.	23b. Dld to	bacco uss cor	ntribute to the	causs of death?
		Male			1 🗆 Y	ss 2)(XNo	3 Probabl	4 Unknown
					24a. Was a perform	ned?	evailab	_
25. Was case retarred to medical				26 Place of Do	eth (Check only on	///		
ayaminar?	Hospital: 1 ☐ Inpatient 2X	ER/Outpatiant 3	DOA Oth	ar.	Iome 5 Reside		ar (Snacihi)	
77. Mannar of Death ANAtural 5 Pending 2 Accidant invastigation	28e. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor		28d. Dascribe ho			
3 Suicide 6 Could not be determined		oma, tarm, street, f	actory, office		28t. Location (SI City or Town		er or Rural Ro	ute Number,
29e. Certifiar (Check only one) 1	/sician: To the best of my kno iner: On the basis of axamina and mannar stated.	wledge, deeth occ tion and/or invastly	urred et the tingetion, in my o	na, deta and piace pinlon, daath occu	o, and dua to tha co	ausa(s) and me ete end plece, a	nner as stated and due to tha	causa(s)
29b. Signeture and title of certifiar	The state of the s		29c. Licens	e number	2	9d. Data signed	d (Month, Day.	Year)
1 2mg 64 66	winds	1	D-1	5561		_	1 14, 1	

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

Completed by

Be

2

Funeral Director

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any hjury or other traumatic event, the Macical Examinest must be notified at once.

The law requires that the death certificate be executed been signed by the attending physician and about be detached for use as the bunal-transit ate has 5 e8ed

Wal Records, P.O. Box 68760,

Division of

Completed by Physician/Medical Examiner

Certification: To Be

ŏ within 24 hours after To the Funeral Din To the Hospital

Medical

State Registrar James Biddison MD 7401 Osler Drive Towson, Maryland 21204 32. Registrar's Signatura

ddrass of person who complated cause of deeth (Item 23a) (Type, Print)

31. Date filed (Month, Day, Year) APR 16 1997

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State of Maryland / Department of Health and Mental Hygiene

Days

10f. Zip Code

21207

Certificate of Death 2. Dete of Death 3. Tima of Deeth

4b. City. Town, or Location of Death

Baltimore

Physician	
/Medical	
Examiner	

4e. Facility Neme (If not institution, give street end number)

Director

1. Dacedant's Neme (First, Middle, Last)

5703 Johnnycake Road

10b. County

5703 Johnnycake Road

Baltimore

Denford

1□ M 2N

7. Age (In yrs. lest birthday)

91

Vrs

Baltimore

10c. City, Town or Location

Anna

10a. Steta

Maryland

10e. Street end Number

5. Social Security Number

220-05-4713

Usuei Residence of Decedent

_cFuneral Director

the Maryland r than "natural", or items 23a or 28a-f show the Medical Examiner near be notified at

Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after Hygiene. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 202 No Specify. þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decadent's Education (Specify only highest greda completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important if flem 27 is marked other than "na any injury or other traumatic event sonce. Elementary/Secondary (0-12) College (1-4or 5+) 6 Factory Worker 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surneme) 2 Unknown Rice Annie Unknown 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Eva Warren (Daughter) 1818 Frederick Road Catonsville, Maryland 21228 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) April 11, 20e. Method of Disposition 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State Baltimore National Cemetery 1997 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Eureral Service License 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear fellure. List only one caused each line. **Physician** /Medical Immediata Cause (Finel diseese or condition resulting in deeth) **Examiner** Examiner Sequentially list conditions, if eny, laeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) De ausco P.O. Box 68760 Physician/Medical å Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 2 The by Be Completed 25. Wes case refarred to medical 26. Pleca of Deeth (Check only one) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA o 20 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? Division Attec Attending 1 Naturai 5 Pending investigation after death. 1 Yes 2 No 2 Accidant 6 Could not be determined 3 Suicida 28e. Pleca of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Hospital 1 ortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29a, Certifier Medicai (Check only one) 2 Medical Exeminer: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signetup and the cartifier 29c. License number Dhysicia d eddress of person who completed cause of deeth (Item 23a) (Type, Print) MO 5411 EISINGER

Baltimore If Undar 1 Year if Undar 24 Hrs. 8. Data of Birth (Month, Dey, Yeer) Birthpleca (Stete or Foreign Country) Maryland Nov. 17,1905 10d. Inside City Limits 1 ☐ Yas 2 ☐ No 10g. Citizan of Whet Country? U.S.A. Reca - Amarican Indian, Bleck, Whita, atc. Specify White 16b. Kind of Business/Industry Pittsburg Paints 20c. Location - City or Town, Stete Baltimore, Maryland

Approximete intervel Between Onsat and Deeth

23b. Did tobecco use contribute to the cause of deeth? 1 Yes 22 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings eveitable prior to completion of causa of death? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Mesidenca 6 ☐ Othar (Specify)

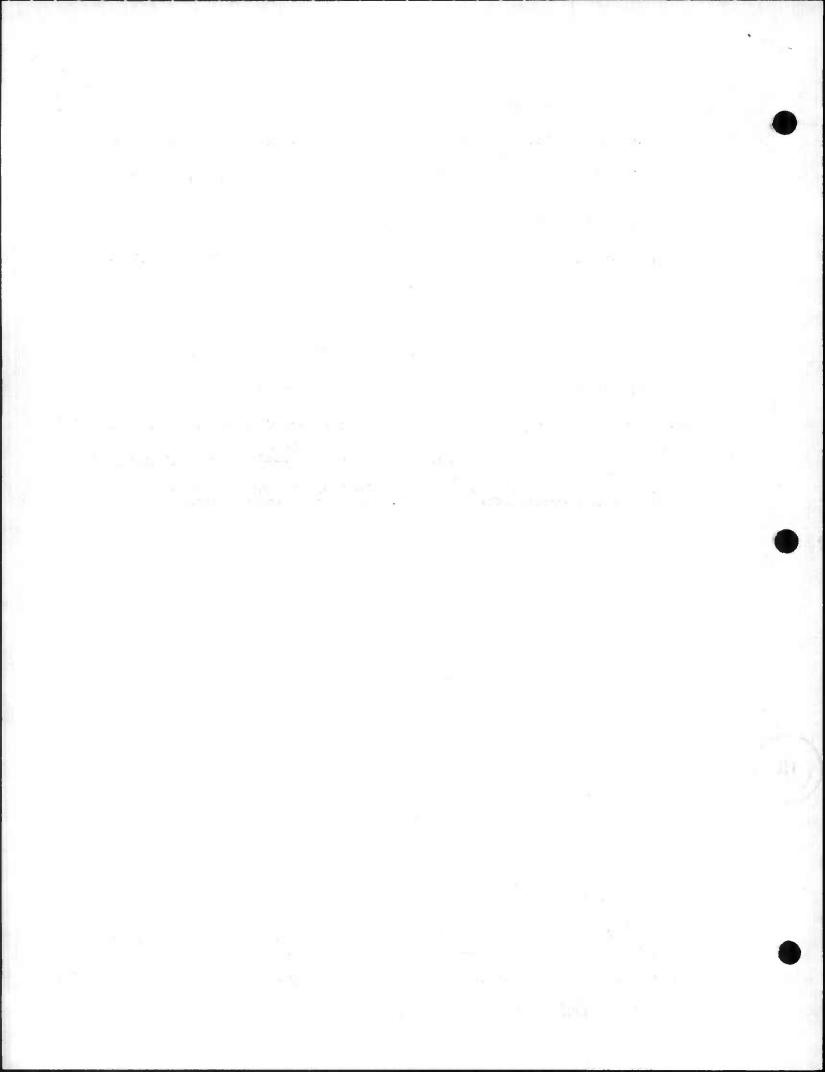
28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29d. Data signed (Month, Day, Year)

OLD FREDERICK RD, BALTO MD 21229 Registrar's Signature ula Savidson

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 | 1405

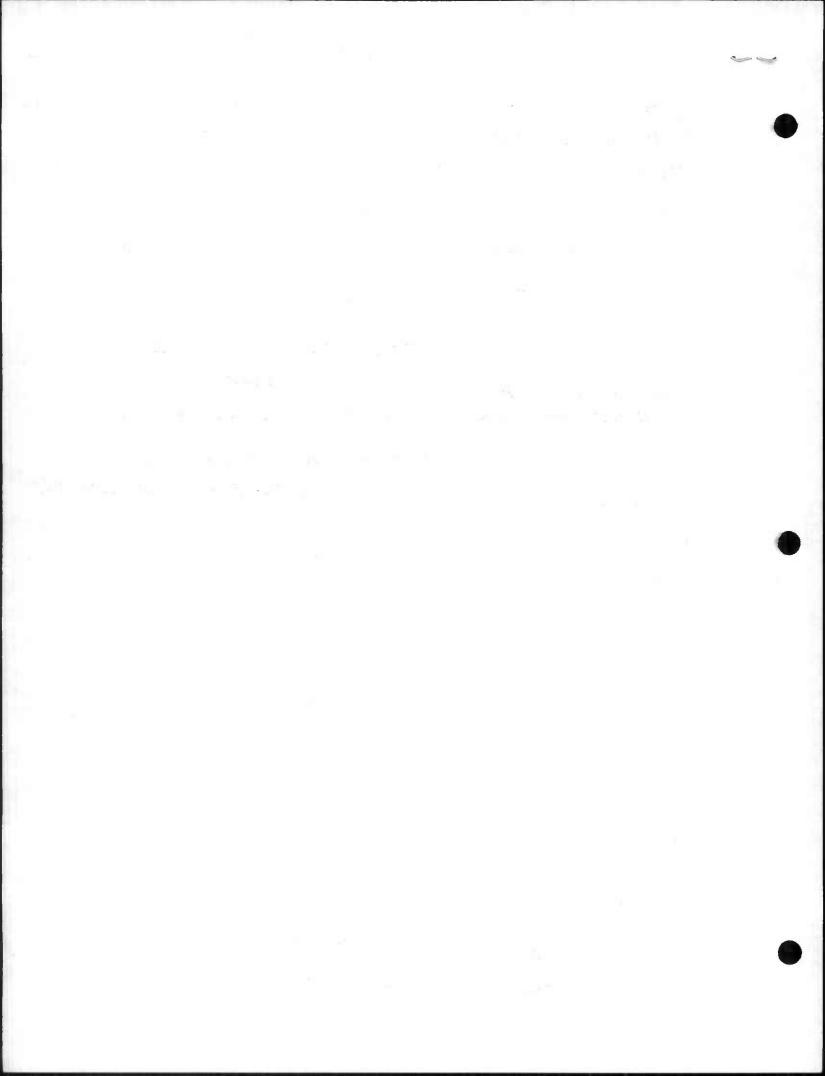
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DOLL STATE		1. Decedent's Name (First, Middle, L		1			2. Dete of De Month	-	Yeer	3. Time of Deeth
/Medic	_	Geraldine	Dur	ant			Apri		197	4:03A
xamin	_	4a. Fecility Neme (If not institution, gi				4b. City, Town, or Lo				
		Union Mem	orial Itos	stal		Baltimore	- C.ty	P	altimo	ore City
neral		Social Security Number 6.	Sex 7. Age (In yrs		Months Day		8. Date of Bi	th ly, Yeer)	9. Birthpiad	ce (Stete or Foreign
ector	1	572-20-4164	72	Yrs.				, 1924	Califo	ornia
	- 1	Usual Residence of Decedent 10a. State 10b. County	10c C	ity, Town or	Location				104	I fooide City I imite
Examiner maint be notified at		Maryland Anne A		- 141	evern				100	I. fnside City Limits 1 ☐ Yes 2X No
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3	۵		C D 3		10f. Zip Code			10g. Cifizen of		
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ig l	Funeral	1 Never Merried 2 Married	Armed Forces?	7,3.	If Yes, specify Cu	Hispenic Orlgin? (Spe ban, Mexicen, Puerto	Ricen, etc.)	Bla	e - American ck, White, etc	
Sec.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2 ☑ No	Specify:		Specify	www. Whi	ite
	8	15. Decedent's E		16e De	cedent's Usuel Occ	unation		16b. Kind of B	uelpace/ladu	otar
	Completed	(Specify only highest gi	ede completed)	(Gi	ive kind of work don DO NOT use retir	e during most of working	ng	TOD. TAING OF D	0011053/11/00	otry
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	BeC	17. Fether's Name (First, Middle, Las)		2300110011071	18. Mother's Neme	(First, Middle			
	To B	William Isaac	Frimes			Myrtle R	uth Ful	ler		
	-	19a. Informent's Neme/Relationship	(Type, Print)	19b. Me	eiling Address (Stree	et end Number or Rure			State, Zip C	ode)
тапшерс		Boris Durant / 1	Husband			Leaf Rd. S		-	144	
a die		20e. Method of Disposition	20b.	Place of Dis	sposition (Neme of		Dete	20c. Location -	City or Town	n, Stete
=	1	1 Suriel 2 Cremetion 3 4 Denation 5 Other (Spec	JHemoval from State		remetory or other pi	1	1114	1007 Cm	ot in ott	illo MD
	+	21. Signature of Powers Service Like			e Veteran				OWIISVI	ille, MD
any injury c		1.10	11.0	J	Kirkley-R	ress of Facility uddick Fun	eral Ho	ome		
	1	1 Jall off	~~~			Hwy. S.E.			MD 210	061
	-1	 Pert1. Enter the disease, or con shock, or heart feilure. List only 	plications that caused the dea one ceuse on each line.	th. Do not e	enter the mode of dy	/ing, such es cerdiac o	r respiretory e	rrest,	ln In	pproximete ntervel Between
cian			0						0	Poset and Deeth
lical iner		Immediate Ceuse (Fine) disease or condition resulting in death)	· Kespirator	in Ar	rest					5 mins
		resoning in death)	Due to (odes e cons	sequence of):					twks
Sit.	Immediate Cause (Fine) disease or condition resulting in death) e. Respiratory Amest Due to (ores e consequence of): Sequentially list conditions, if eny, leading to immediate cause Enter Indexiving.									
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B .	à		contributing to death but not re-				1 🗆	Yes 2□ No en eutopsy	3 ☐ Probab	ne cause of death?
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Registrar

State of Maryland / Department of Health and Mental Hygiene

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	_				Ce	rtificate	of	Death			Reg. No.		
Physicia /Medic		Decedent's Name (First, Middle BENJAMIN		NKLIN	EWELL				14	2. Date of D	_) Year	3. Time of Death *8:00pr
Examin		4e. Facility Name (If not institution 120 N. PA	n, give street and n							ocation of Deal		of Death	. 10
Funeral Director		5. Social Security Number 219-05-5939	6. Sex 1 M 2 □ F	7. Age (In yrs.	last birthday) 6 Yrs.	If Under 1 Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bi Month, D MAR 2	rth Av. Year 1921	9. Birthpl BAL	ace (State or Foraig
the Meryland r 28a-f ahow Incitited at	tor	Usual Residence of Decedent 10e. State 10b. County MD	n/a	10c. Ci	ty, Town or Lo	cation LTIMOR	RE			3		16	od. Inside City Limits
th with the 23e or 28	ai Director	10e. Street and Number 120 N. PAY	SON STRE	ET		10f. Zip (Code	2122	23		10g. Citizen of V	What Coun STATI	
ter dee Nema	by Funeral	11. Marital Status 1 Never Married 2 Marr 3 Widowed Married	12. Wes De Armed F VXYes If Yes, G Year or	cedent Ever in L forces? 2 No live Dates:		Was Decede If Yes, specif		Hispanic Orl an, Mexical Specify:	gin? (Spe n, Puerto	ecify Yes or N Rican, etc.)		ce - Americo ck, White, o v:BLACI	etc.
vithin ne.	Completed	15. Deceden (Specify only higher Elementary/Secondery (0-12)	st grade completed	(1-4or 5+)	(Give	dent's Usual kind of work DO NOT use CK DF	done	during mos d)	t of work	ing	16b. Kind of B		
be file d offin event	To Be C	17. Father's Neme (First, Middle,		amii cr				18. Mothe		e (First, Middle RENCE	JOHNSON	ne)	
s 1 end 2 should be file f Health end Mental Hy flam 27 is merked other other traumatic event	-	BENJAMIN FRAN 19a. Informant's Name/Relations PATRICIA G				ng Address ((Street	and Number	VE,	BALTO.	, MD 21	State, Zip 207	Code)
80= 5		20a. Method of Disposition 1 □ Surial 2 □ Cremation 4 □ Donation 5 □ Other (S	pecify)	State	Place of Dispo cemetery, crer NRRISON	FORE	er pla EST	VA CI		Date 4-17-97	20c. Location -	- in	
permit. Pe Departmen Important: any injury once.		21. Signature of Funeral Service	Licansee	Cool	22	WM. C	. M	ARCH I	H4	4300 WA	ABASH AVI	ENUE,	BALTO.,D
Physician /Medical		23a. Part1. Enter the disease, or shock, or heart failure. List											Approximete Interval Between Onset and Death
Examiner	_	Immediate Cause (Final disease or condition resulting in deeth)	a	Metu. Due to (or as a consec		Ju	5111	_ (Cuncer			7 months
e executed lan end unel-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Ь. ———	Due to (d	or es e conseq	uence of):							
certificate be executed nding physician end use as the buriel-fransit	n/Medicai	Cause (Disease or injury that initiated events resulting in death) Last	d	Due to (c	or as a conseq	uenca of):							
es that the death or igned by the etten be detached for u	Physician	Pert II. Other significant condition	ns contributing to c	death but not res	sulting in the u	nderlying car	use giv	ven in Part I	•	23b. Did	tobacco use co	ntribute to	the cause of death
es that the igned by be detact	by									10	Yes 2□No	3 Prob	ably 4 Unknow
The lew requires that are the second signer page 2 should be or	Completed										s an autopsy ormed?	eva con of d	re autopsy findings llable prior to pletion of cause leath?
ician: Th	Bec	25. Was case referred to medical						26. Plece	of Death	h (Check only			7103 21310
Physician: this certific ral director,	2	examiner?								er (Specify)		
Jing After fune	Certification:	27. Menner of Deeth 1 Naturel 5 Pendin 2 Accident investig 3 Suicide 6 Could r	nation	nth, Day Year)	28b. Time of Injury	М		yat rk? Yes 2□	No		how Injury occur		
		4 ☐ Homlcide determ	ined 28e. Plac build	a of Injury - At he ling, etc. (Specif	ý) 					City or To			
29a. Certifier (Check only one) 29a Certifying Physician: To the best of my knowledge, death or (Check only one) 29a Medical Examiner: On the basis of examinetion and/or invessand manner stated.					and/or Investigetion, in my opinion, death occur			d place, e	occurred et the time, date end place, and du			ited. the ceuse(s)	
4444	¥	29b. Signature and title of certifier	on ylun			D		854			29d. Date signer	(Month, E	Day, Year)
Stat		DR. DAV ID R 31. Date filed (Month, Day, Year)	ISEBERG		5T. PA		DL.	#40	7 T	BAL	TO, MD	. 2	1202



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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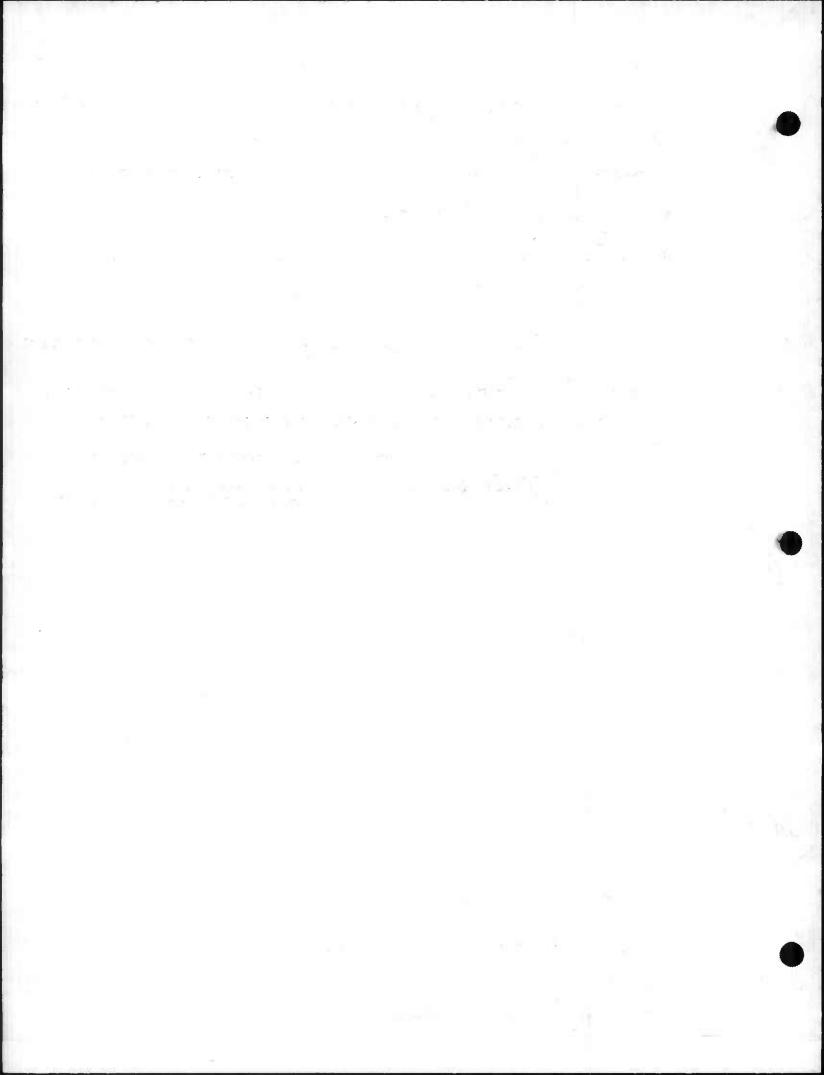
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	Funeral Director		5. Social Security N 212-07-5	6. S 655		pe (in yrs. iesi	Yrs.	If Under 1 Y Months D		Under 24 Hrs. ours Min.	8. Dete of Bi (Month, D. OCt.	rth ay, Year) 27, 1905	9. Birth Cou	plece (State or Foreign ntry) MD
	and ow		Usual Residence of 10e. Stete	10b. County		10c. City, T	own or Loc	ation						10d. Inside City Limits
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	h with the 23a or 28 ast be not	ai Director	10e. Street end Nu 10597 Tw	mber in Rivers	Road	,		10f. Zip Co 2	_{da} 1044			10g. Citizan of USA	What Cou	ntry?
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Box 68760,	centif ding	an/Medical	that initieted event- resulting in daeth)	S T	d	Dua to (or as	a conseque	enca of):	·				1	
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				Certificate of	Death		Reg. No.		
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al				JEDM AND	4b. City, Town,	or Location of Dea			O EPIN
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	098-32-5851			Months Devs		lin. 8. Date of Bi (Month, D NOV •	7th ey, Year) 30,1939	9. Birthpl Count POLA	aca (Stete or Foraign AND
	Usuel Residence of Decedent 10a. Stete 10b. County	1	IOc. City, Town	or Location				10	d. Inside City Limits
ctor	M) N/A		BAL	TIMORE	CITY				1 Nes 2 □ No
Dir	_	AVE		10f. Zip Code	21216		10g. Citizen of W	/hat Count	ry?
	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedant Even Armed Forces? 1 Yes 2 No If Yes, Give	er in U,S.	If Yes, specify Cut	Hispenic Orlgin? pen, Mexicen, Pu	(Specify Yes or No erto Rican, atc.)	Blac	k, White, e	itc.
	15. Decedent's Ed (Specify only highest gre	ucation	(Give kind of work done	duning most of	working	16b. Kind of Bu	siness/Ind	ustry
DE O	Elementery/Secondary (0-12)	College (1-4or 5+)					DEPARTM	ENT (OF HOUSING
Be	17. Father's Neme (First, Middle, Lest)				18. Mother's h	Name (First, Middle	, Maiden Surnem	е)	
ို	LAZER			Mailing Address /Stree			or City or Town		ERNSTEIN
			20b. Place of E	Disposition (Neme of cremetory or other ple	ece)	Date	20c. Location -	City or Tov	vn, Stete
	4 ☐ Donetion 5 ☐ Other (Specify)	1			4-13-199	7 ROSEL	ALE,	MD
	21. Signatura of Funerel Sarvice Licen:	Tayle Telo	low			N & BROS	,INC.	100	01 000
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Sician	Part II. Other significant conditions co	ntributing to deeth but r	not resulting In t	he underiving ceuse gi	van in Part I.	23b. Did	tobacco use con	tribute to	the caues of death?
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ertilica	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ HomicIde determined	286. Place of injury	- At homa, farm Specify)	n, street, factory, office				or Rural	Route Number,
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Σ	29b. Signature end title of certifier Muldwar	n mi)		29c. Licans	sa number		29d. Deta signed	(Month, D	19 9 9 7
	30. Name and address of person who co H'Renald Fred	ompleted ceuse of deet	h (Itam 23e) (T)	rpe, Print)	roads (br. Ste?	Bus ow	ings	wills more
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	medical Certification: 10 be Completed by Physician/Medical Examiner	4a. Facility Name (If not institution, given 5902 Summon 55 Sociel Security Number 6. S O98—32—5851 Usuel Residence of Decedent 10a. State 10b. County N/A 10e. Street end Number 5902 Summon 55 Su	4a. Facility Name (if not institution, give streat and number) 5av Simmon A 5. Social Security Number 098—32—5851 Usual Residence of Decedent 10a. State 10b. County N/A 10e. Street end Number 5qv Simmon A 11. Marital Status 11. Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest greate completed) Elementery/Secondary (0-12) 17. Father's Neme (First, Middle, Lest) 18a. Informent's Neme/Relationship (Type, Print) MRS. JUDY FRIEDMAN 20e. Methed of Disposition 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21. Signatura of Funerel Sarvice Licensus 23a. Part 1. Enter the disaase, or complete on each line. 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State of Maryland / Department of Health and Mental Hygiene

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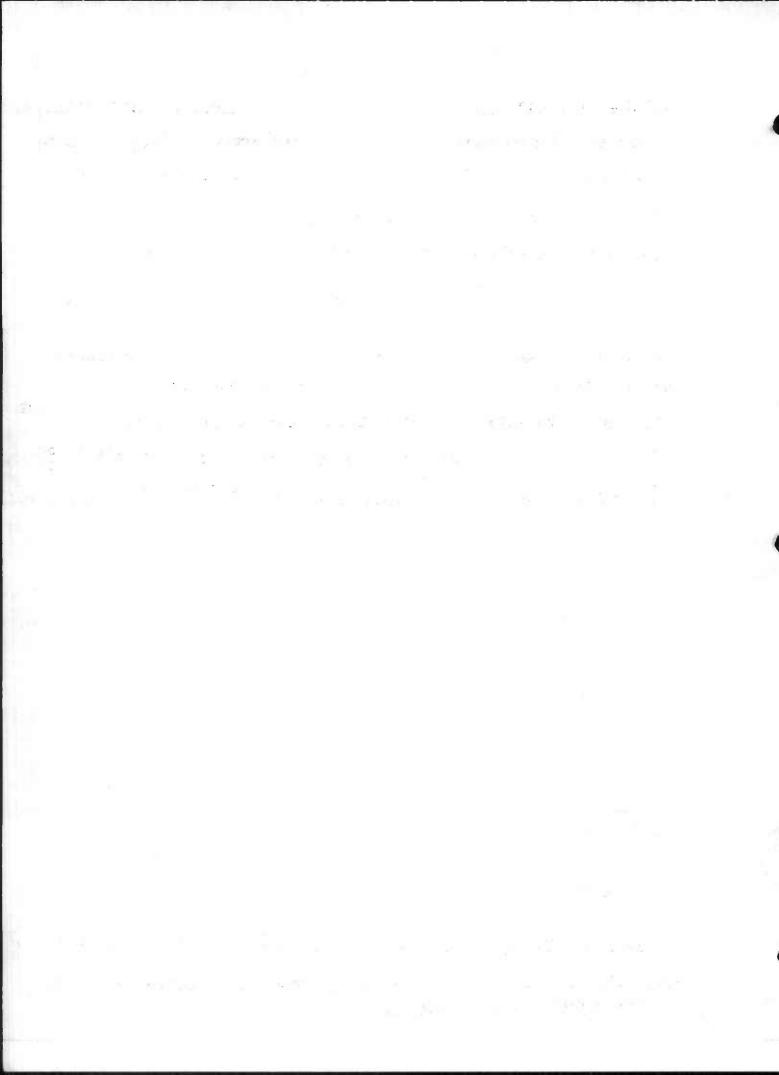
						Cert	ificate of	Death		Reg. No.	, ,	11405
			1. Decedent's Nema (First, Middle, La	ast)					2. Date of D	eath		3. Time of Death
	Physic		ROBERT F	= INNICI	_				ACO	14 II	1997	5.15 A
	/Medi Exami		4a. Facility Name (If not institution, gir					4b. City, Town	n, or Location of Dea	ith 4c. County		
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Н	Funeral				e (In yrs. last bir	thday)	If Undar 1 Yaar			_ /	9 Rinhr	place (Steta or Foreign
	Funeral Director			11XM 2□ F		Yrs.	Months Days	Hours	Hrs. 8. Date of B	er 4,192	Cour	yland
Н			Usual Rasidence of Decedent		0,5				110 V CINIDO	4,172	Tier	yrand
	land		10a. State 10b. County		10c. City, Town	n or Loca	itlon				1	Od. Inside City Limits
	Mary # 8 h	0	Maryland N/A		Balt:	imor	e City					1 Yas 2 No
	the 1289	Director	10e. Street and Number		Dure.	IIIO I	10f. Zip Coda			10g. Citizen of	What Cour	ntry?
	with o &		6118 Alta Avenu				2120	16			ed St	
	e 23	eral		_	Cupa in 11 C	40.144			-0 (Cit-V		ce - Americ	
	iten Ter	Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married	12. Was Decedent B		IS. W	as, specify Cub	an, Mexican, i	n? (Specify Yas or N Puerto Ricen, etc.)		ck, White,	
20	rs af	by F	3 XWidowed 4 □ Divorced	1 Yes 2 □ N tf Yes, Give	047 705	10	Yes 2 No	Specify:		Specif	y: Wh	ite
Ş	hou		15. Decedent's E	Yaar or Dates:			at's Harral Ossur	nation		16h Vind of B		
15	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or items 23s or 28s-f show ent, the Medical Examiner must be notified at	Completed	(Specify only highest gr	ade completed)	TOB.	(Give ki	nt's Usual Occup nd of work done NOT use retire	during most o	of working	16b. Kind of B	usirioss/irii	dustry
7	within than	m	Elementary/Secondary (0-12)	Coltege (1-4or 5	+)			0)		Laundi	Co	mm 0 m 1 t
0	Hygin ther		8th 17. Father's Nama (First, Middle, Last	7)		Dri	ver	18 Mother's	s Name (First, Middl		4	шрапу
an	od o	Be	Bernard J. Finnic	•					mina Lany	0, 1112011 0 0 11101	,	
2	d Me	70	19a. Informant's Name/Reletionship		401	8.4-191	4.14(0)					0.11
Maryland 21215-0020	han han ris r								or Rurel Route Num			
	l and least 2 mm 2 ther		Linda A. Finnick 20a. Method of Disposition	/ Daughter	1		BOX 410	JU New	Freedom,			
10	ges if it		1 ☑ Burial 2 ☐ Cremation 3 [Ramoval from State	cemeter	ry, creme	tory or other ple	ca)		20c. Location		
Ē	tant: jury		4 □ Donation 5 □ Othar (Speci	fy)	Parkwo	ood	Cemetery	7	4/14/97	Baltimo	ce, M	aryland
Baltimore,	parmit. Pages 1 and 2 should be filed within 72 hours aftar death with the Marylan Department of Health and Mental Hygiena. "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at 900.8.		21. Signa of Funeral Service Lice	nsee 179		22. I	Name and Addre	ss of Facility	Inc			
_	20.5 4 9		(Juanita D	2 Homa	2				l, Baltin	nore. Mai	rvlan	d 21206
1			23a. Pert inter the disaase, or com	plications that caused	tha death. Do r	not enter	the mode of dyli	ng, such as ce	erdiac or respiratory	arrest,		Approximate Interval Between
я	Physician		0								1	Onset and Death
	/Medicai		immediate Cause (Final disease or condition	CARDI	U- RE.	SPIR	ANDRY	A	PREST			
	Examiner		resulting in death)	a	Due to (or es a o							
Ш		ner					9 DIS	FASI	-			
	that the death certificate be executed of by the attending physician and datached for use as the bunial-transit	Examiner	Sequentially list conditions,	U. —	Due to (or as a d		-		-		-	
o,	an ar	EX	if any, leading to immediate ceuse. Enter Underlying		- Alle • Alle 211							
68760,	ysicii	Medical	Cause (Disease or Injury that initiated avants	C	Due to (or as a c	consequa	nce of):				-	
	g ph as th	ed	resulting in death) Last		240 (0 (0. 40 4 0	, or lood an					1	
X	ndin	N		d								
. 8	The law requiras that tha daath ata has been signed by the attar page 2 should be datached for t	Physician	Part II. Other significent conditions of	contributing to death bu	it not resulting in	the und	erlying ceuse air	en in Part i	23h Die	d tobacco use co	ntribute t	o the cause of death?
0	tha by thy ache	hys								Yes 2□ No	3 □ Proi	
4	signed b	by P	CORUNARY	ARITR	7 13	1171	CASE		_ '	100 2010	0_110	Dabiy 472 Olikilow
Division of Vital Records, P.O. Bo	uiras n sign								24e. We	s en eutopsy		ere autopsy findings
00	v require been si should	Completed							per	formed?	CO	reilable prior to empletion of ceuse death?
æ	has ge 2	E										
a									1	Yes 20 No	11	☐ Yes 2☐ No
Ĭ	Physician: r this certific rral director,	Be	25. Wes cese referred to medical examinar?	Hospital:			all post Oth	or:	f Death (Check only			
ot	> 0 0	5	1 ☐ Yes 2 No 27. Manner of Death	1/5 Inpatier			3LI DOA	4 LI Nurs	Ing Home 5 Re			у)
n n	ding F h. After funer	Certification:	1 Natural 5 ☐ Pending	28a. Date of Injur (Month, Dey		lime of njury	28c. Injui Wo			how injury occur	red	
Sic	Attending at death. ector: After by the fune	cat	2 Accident investigatio					Yes 2 □ No				
\leq	or Attendata deat	E	4 Homicide determined	28e. Place of Inju building, etc		rm, strae	t, factory, offica			(Straet end Numi own, Stete)	ber or Rura	al Routa Numbar,
	ital o											
	Tosp 4 hou	edlcai	(Check only 2 Medical Example 12	nysician: To the best on miner: On the basis of	f my knowledge examination en	death o	ccurred at the tir	me, date and	ptece, and due to the occurred et the time	e cause(s) and m	anner as s	tated. the cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Med	one)	and manner sta	ted.							
	1 × 5 00	-	29b. Signatura and title of certifier	7	11 . *		29c. Licens		2	29d. Date signe	id (Month,	Day, Yeer)
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	1		30. Name and address of person who				int)		^			
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	Sta		31. Date filed (Month, Dey, Yeer)	32. Hagistra	rs Signature	00.						
	Registi	ar	APR 16 1997	Tona gard	Dar-Marine	~~						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Willie 7:35 pm Grier AOKIL /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Baltimore fronk/cford Bathmare City onen If Undar 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foraign Country) **Funeral** Months Days Hours XXM 20F 57 Yrs. Director SC 251-62-8811 09-18-39 Usual Rasidance of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location show 10d. fnsida City Limits must be notified at Md Director NA Baltimore 1 X Yas 2 □ No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? filed within 72 hours after death with 7003 Lachlan Circle Apt. 21239 USA Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 13. Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, traumatic event, the Medical Examiner Black, White, atc. I □Yas 2X No If Yas, Giva Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Married 21215-0020 ò 1 ☐ Yas 2 ☐ No þ Specify: Black 3 ☐ Widowed 4 Pivorcad "natural", Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Sacondary (0-12) Cottaga (1-4or 5+) permit. Pages 1 and 2 should be filed w Department of Health and Mental Hyglen Important: If tem 27 is marked other that any Injury or other traumatic event, the once. 9th Grade various trades NA Laborer Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Boyd Willie Mae Grier Walter 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21239 Willie Mae McDaniels 7003 Lachlan Circle Apt.E Baltimore, Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata N☐Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 04-18-97kstock, Cem. Nazareth Presbyterian Ch. SC 21. Signatura of Funaral Sarvica Licansea 22. Nama and Addrass of Facility Baltimore, Md. D March FH 1101 E. North Avenue 21202 0/mou WM.C. 23a. Part1. Enter tha disaasa, or or polications that caused tha death. Do not anter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List provious cause on each line. Approximata Intarval Batween Onsat and Death **Physician** Immadiata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of). Examiner ASDI raction Sequantially list conditions, if any, laading to Immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in death) Last Dua to (or as a consequence of) vision of Vital Records, P.O. Box 68760 accident cerebrovascular 8 Physician/Medical 94 Dua to (or as a consaquance of): The law requires that the death certificate attending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? g. 3 Probably 4 Unknown tigned by 1 ☐ Yes 2 ☐ No artery disease by Completed 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy parformed? hypertensia 1 Yas 2 1 H 1 Yas 2N No Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only one) 1 Yas 2 Othar: 4 Hursing Homa 5 Rasidance 6 Othar (Specify) P 1 Inpatiant 2 ER/Outpatient 3 DOA Athen this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how trijury occurred Medical Certification: 28b. Tima of 5 Panding Invastigation 1 Matural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida Location (Street and Number or Rural Routa Number, City or Town, State) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 I Homicida o the Hospital within 24 hours of the Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifiar 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) - mo Thomas () luss 30. Nama and address of person who complated ceusa of daath (Itam 23a) (Type, Print) 10805 Hickory Ridge AUSSI Cokembia MD. Registrar's Signature State Davidson Registrar

DHMH 16 Rev 6/95



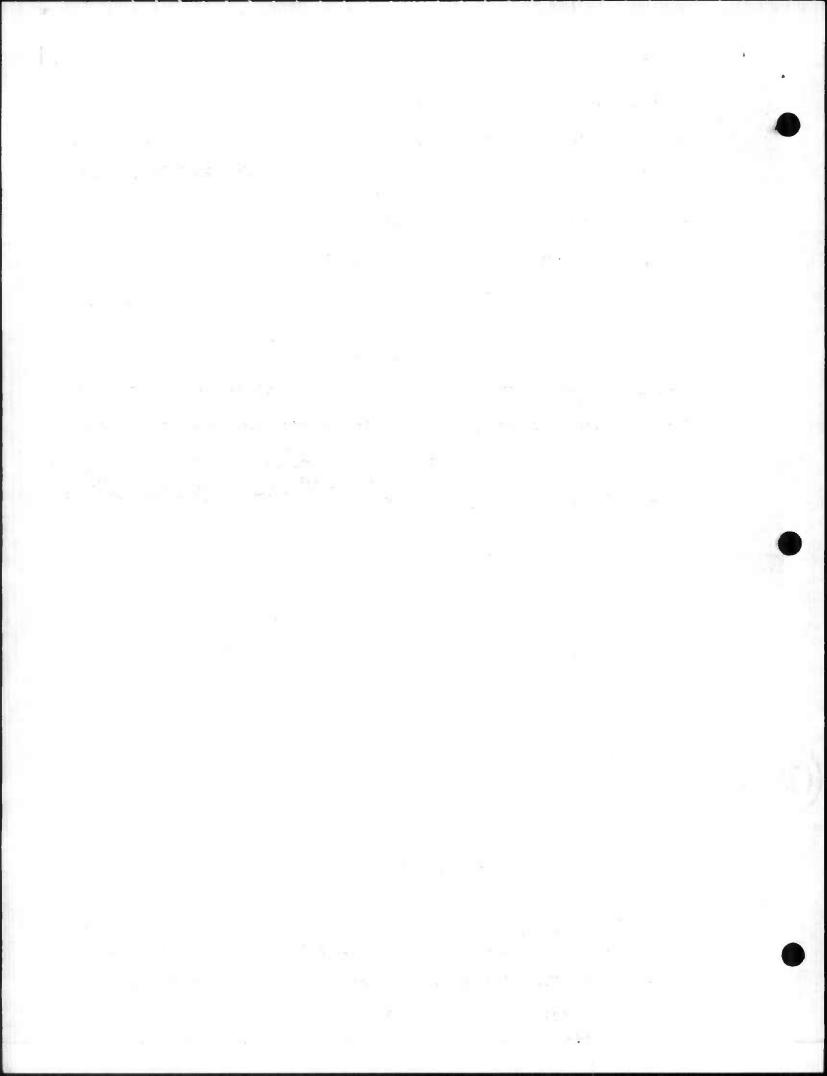
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#1PER.RHYS. #17&18 PER F.H. 4/16/97 J.A. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth -TERESA SA **Physician** Month GEILER 12:30 P.H. 1997 12 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** MANORCARE HEALTH SERVICES TOWSON Towson BALTIMORE Hours Min. B. Date of Birth (Month, Day Year)
June 28,1907 If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1□ M 2\ F 214-74-3520 89 Director Maryland Usuel Residenca of Decedent 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Maryland Harford Abingdon 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23s U.S.A. 1412 My Lady's Drive 21009 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. filed within 72 hours after Hygiene. 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2XXNo Specify: þ Specify: 3XXWidowed 4 □ Divorcad White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home permit. Pages 1 and 2 should be filled v Department of Health and Mental Hygie Important: If item 27 is marked other I any injury or other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be WILLIAM BUCKHEIT AMELIA PARRISH Amelia Parrish William Buckheit 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) <u>Teresa E. Davis (Daughter)</u> 1412 My Lady's Drive Abingdon, Maryland 21009 20b. Plece of Disposition (Name of cametery, crematory or other pleca) April 20a. Method of Disposition 20c. Location - City or Town, Stete tx Burial 2 ☐ Cremetion 3 ☐ Removal from State New Cathedral Cemetery 15,1997 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signeture of Funeral Servica Licansee Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 Lenner 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Onset end Deeth **Physician** RREASTCARCINOMA /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of); P.O. Box 68760, certificate be Physician/Medicai 2 Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown cords. þ 24b. Were eutopsy findings evelleble prior to Completed 24a. Wes en eutopsy performed? completion of cause of deeth? 1 ☐ Yes 21200 1 Yes 2 No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer' Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how Injury occurred Certification: Attending 5 Pending Investigetion 1 Naturel NIA 1A 2 Accident after death 6 Could not be 3 Sulcide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc/ (Specify) 4 Homicide To the Hospital o within 24 hours at To the Funeral DI 1 Descripting Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date end pleca, end due to the cause(s) end menner steted. 29e. Certifier Medical (Check only 29b. Signeture end title of pertiller 29c. License number 29d. Date signed (Month, Dey, Yeer) Im 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) JOHN T. EVELIUS M.D. 5444 BELAIR RD SUITE BALTIMORE MARYLAND 21706

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

Julia Savidson-Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Rieda 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE Hospice of Balto. - Gilchrist Center towson 5. Social Security Number If Under 1 Year | if Under 24 Hrs. | Months | Deys | Hours | Min. 7. Age (In yrs. last birthdey) 8. Date of Birth Mooth, Bay, Year 16 Birthplace (State or Foreign Country) NEW YORK 1□ M 2√2 F 80 124-09-3373 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21208 1 HARNESS CT., APT.102 Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puento Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 27 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No Specify. WHITE 3 ☐ Widowed 4 ☐ Divorced Specify 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SALESLADY CLOTHING 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ANTLER ANNA HECHT MEYER 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) GEORGE GREEN (HUSBAND) 1 HARNESS CT., APT. 102 BALTIMORE, MD 20a. Method of Disposition 20b. Pleca of Disposition (Neme of 20c. Location - City or Town, State Date BETH EL MEM. PARK 1 Buriel 2 Cremation 3 Removal from State 4/11/97 RANDALLSTOWN, MD 5 Other (Specify 4 Donation SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD PIKESVILLE, MD 21208

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Director

by Funeral

Completed

Be

2

10a State

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Mexical Example Invast be notified at once.

Baltimore, Maryland 21215-0020

ding Physician: The law requires thet the death certificate be executed signed by

ion of Vital Records, P.O. Box 68760,

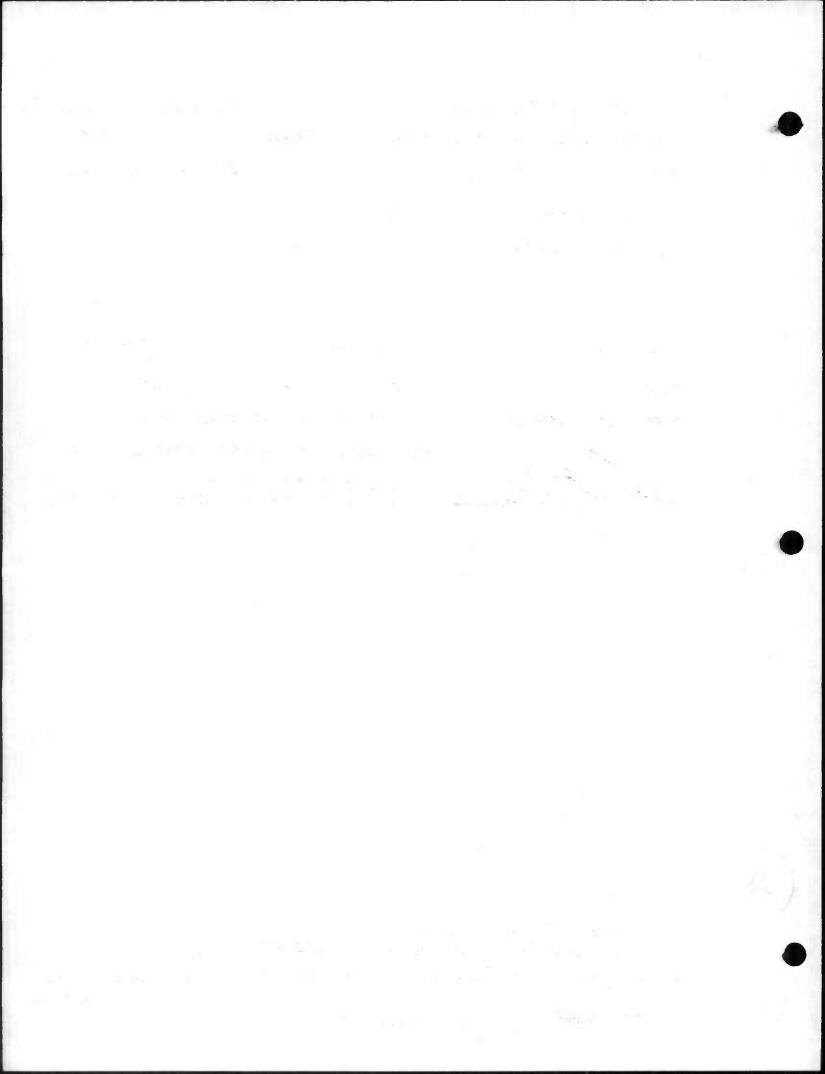
/	- Direction		MIDIDIO		DD/ LD ELECO		
23a. Part1. Enter the disease or call shock, or heart failure.					Approximate Interval Between Onset and Death		
Immediate Cause (Final disease or condition resulting in deeth)	· AMAP	LASTIC Th	yroid	CARCUMOMA	6 mon		
	D()e to (or es e consequence of):	/				
Sequentially list conditions, if any, leading to immediate	b. Due to {	or as a consequence of):					
cause. Enter Underlying Cause (Disease or Injury that Initiated events	C. Due to //	or as a consequence of):					
resulting In death) Lest	2001010	or as a consequence or,					
	U.						
Part II. Other significant conditions	contributing to death but not res	sulting in the underlying ce	use given in Part I.	23b. Did tobacco use co	ontribute to the cause of death?		
				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?		
				1 ☐ Yes 2 PNo	1 ☐ Yes 2 ☐ No		
25. Was case referred to medical exeminer?			26. Plece of D	eath (Check only one)			
1 ☐ Yes 2 No	Hospital: 1 Inpatient 2	ER/Outpatient 3 DO	Other: 4 Nursing	Home 5 ☐ Residence 6 Oth	ner (Specify) HOSPICE		
27. Manner of Death 1 Natural 5 □ Pending 2 □ Accident Investigatio	/////////	28b. Time of tnjury M	c. Injury et Work? 1 Yes 2 No	28d. Describe how injury occur	red		
3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, street, factory,	28f. Location (Street end Numb City or Town, Stete)	8f. Location (Street end Number or Rurel Route Number, City or Town, Stete)			
29a. Certifier (Check only one) Certifying Pl	hysician: To the best of my kno miner: On the basis of examine and manner stated.	owledge, death occurred a etion and/or Investigetion,	t the time, date end pla in my opinion, deeth oc	ce, and due to the cause(s) and ma curred at the time, date and place,	anner as stated. end due to the cause(s)		
29b. Signature end title of continer	111 6) -/ 29c.	License number		od (Month, Day, Year)		

State Registrar 31. Date filed (Month, Day, Year)



death (Item 28a) (Type, Print)

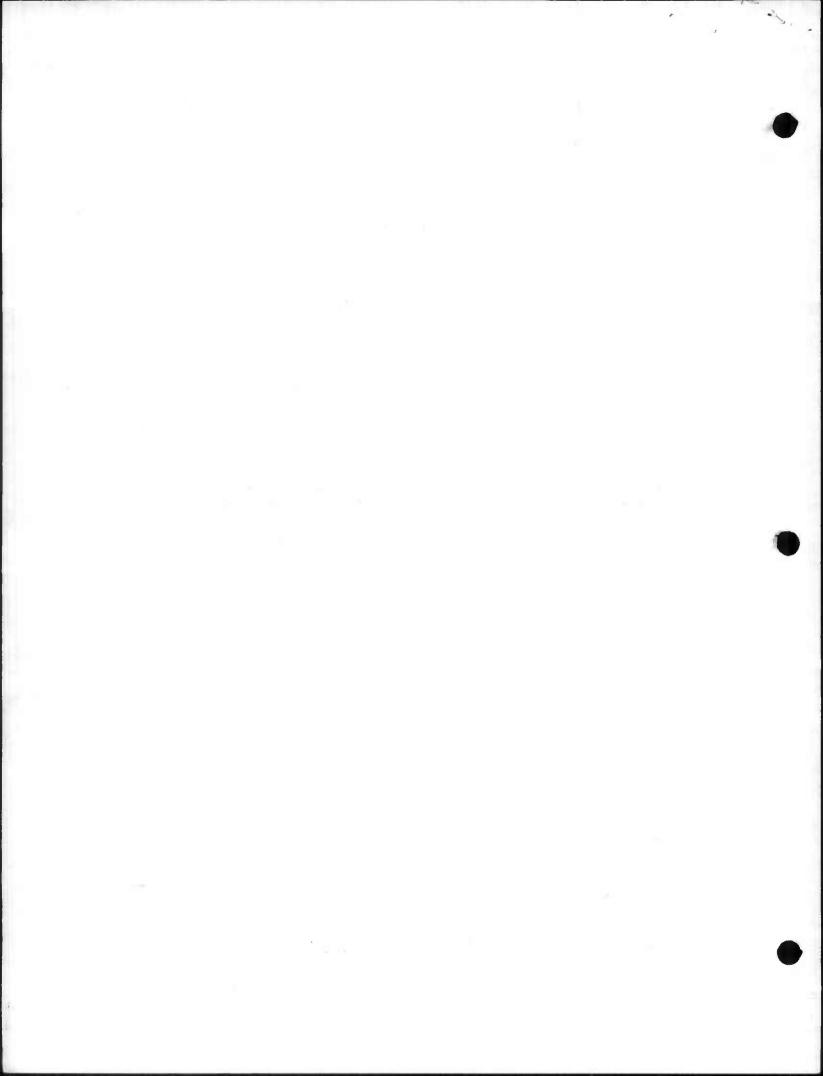
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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								Death			Reg. No.		
DI 1		1. Decedent's Name	(First, Middle, La	ist)						2. Dete of De	eath	V	3. Time of Deeth
Physi		Eliz	abeth	Gitti	ngs					Month April	14, 19	Year 97	12:59 am
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Funera	1	5. Sociel Security Nu		Sex	7. Age (In yrs.	lest birthdav)	If Under 1 Year						niera (State or Forei
Directo		212-74-29		1□M 2💢F	93	Yrs.	Months Deys	Hours	Min.	8. Date of Bi (Month, D	ay, Year)		npleca (State or Forei
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dand w		10a. Stete	10b. County		10c. City	y, Town or Loc	cation						10d. Inside City Limi
Men 4 sh	ō	Maryland	N/A		D	1 4 4							1 X Yes 2 □ N
288 101	Director	10e. Street and Numi				Baltimo	10f. Zip Coda				10g. Citizen of	What Co	intry?
With With	ō	3517 Roy	- A A-				21206				U.S		array /
eath	Funeral	11. Marital Status	Ston Av	renue	edent Ever in U,	C 12 W	Ves Decedent of I		ala? (Sac	naifu Van ar N			ican Indien.
d within 72 hours efter death with the Meryland plena. Than "natural", or items 23a or 28a-f show the Modical Exempler must be notified at		1 Naver Married	d 20 Magried	Armad F	orcas?		Yes, specify Cub	en, Mexicar	, Puarto	Rican, etc.)		ack, White	
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hou	ed by		15. Dacedent's E		Jates.	16a Dagad	ent's Usuel Occu	ation			10h Kind of		hite
c . e	Completed	(Specify	y only highest gra	ade completed))	(Giva I	kind of work done OO NOT use retire	during mos	t of worki	ing	16b. Kind of	Dusinessi	ndustry
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item10g 4-16-97 FilmG746 W.H.Per F/H Certificate of Death 1, Decedent's Name (First, Middle, Last) 2 Data of Death 3. Time of Death Month DE'VONA Gibson 5 48 rm 04 10 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Johns Hopkins Baymer medical Center Baltimore City If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
March 28,1928 5. Social Security Number 6 Sax If Undar 1 Year 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign 1□ M 2XF Months Days 220-24-4305 69 Yrs Mary land Usual Residence of Decedent 10a State 10h County 10c, City, Town or Location 10d. Inside City Limits 1⊠ Yes 2 No Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4803 Lorelly Avenue, Apartment 1-A 21206 U.S.A 21206 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian Black, White, etc. 1X Never Married 2 ☐ Married 1 Yes 2 XNo Specify: Specify: 3 ☐ Widowad 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12th Grade Parts Clerk Auto Dealership 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Unknown Unknown Unknown Edna Mak hurley 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Claudette Byrnes/Sister 3911 Ridgecroft Road, Baltimore, Maryland 21206 20b. Place of Disposition (Name of cometery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State Chesapeake Crematory 4 ☐ Donation 5 ☐ Other (Specify) 4/11/97 Beltsville, Maryland 21 Signature of Funeral Sarvice Lice 22. Nama and Address of Facility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 10mas 10. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, lick, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death Immediate Cause (Final 2 days disease or condition resulting in death) sepsis Dua to (or as a consequence of). Dua to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

Physician /Medical Examiner

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certificate

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After

24 hours after death.

Funeral Director: Af

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filled in by

Medical

Hospital or Attending Physician:

certificate be axecu

Division of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

Funeral

Director

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traumatic event, the Medical

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Funeral

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Completed

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Baltimore, Maryland 21215-0020

Examiner Physiclan/Medicai þ Completed Be 2 Certification:

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated avants rasulting in death) Last

1 ☐ Yes 2 No

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25	. vvas casa raterre examiner?					26	. Placa of De	eath (Check only one)
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27	. Manner of Daath 1 ☑Natural 2 ☐ Accident	5 Pending invastigation		28b. Time of Injury	М	28c. Injury at Work?	2 🗆 No	28d. Describe how injury occurred
	3 ☐ Suicide 4 ☐ Homicide	6 Could not be datermined	28e. Place of Injury	- At home, farm, strae	it, facto	ory, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)

(Check only one) 29b. Signature and title of certifie

29a. Certifie

1🗹 Certifying Phyaician: To tha best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number 96117 29d. Data signed (Month, Day, Year) 197 10

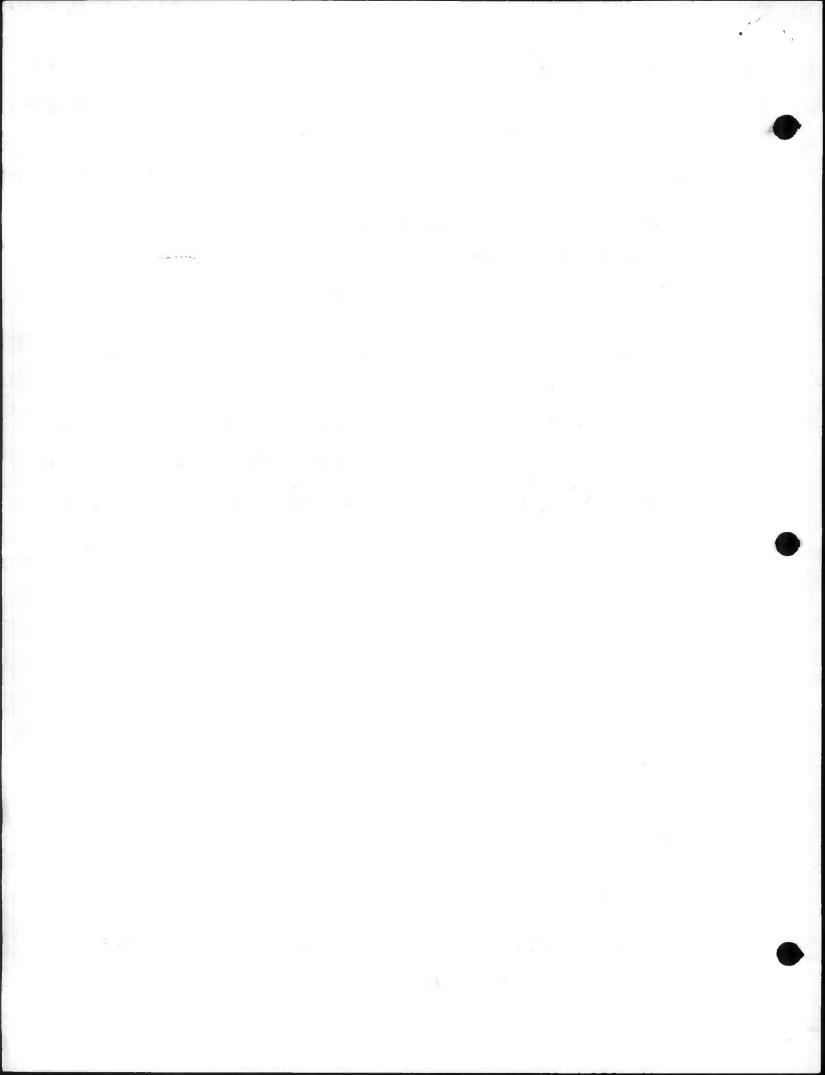
30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) 4940 Easien Ave. Baltimore MD 21/84

State Registrar

31. Date filed (Month, Day, Year)

APR 16 1997





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 07.10 Any EVE HONG 12th 1997 Heme (If not institution, give street and number) City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE EDICAL ENTER N/A If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) Days 1 M 2□ F Hours 213-70-5414 07, 1945 Seoul, Korea Nov. Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. tnside City Limits Baltimore Co. Maryland Randallstown 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8820 Winter Brook Road 21133 United States 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. 11. Marital Stetus Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☐ Yes 2 🔯 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: Korean 3 Widowed & Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 04 Self Employeed Manager Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Won Suk Hong Hwa Sil Choi 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Henry J. Hong (Son) 1014 West Pratt Street Baltimore, Md. 21223 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 4/15/97 Towson, Maryland 21. Signature of Funerel Service Licensee Jeffrey L. Gair 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. au 1050 York Rd. Towson, Md. 21204 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final diseese or condition resulting in deeth) 3 DAYS SEPSIS Due to (or es e consequence of): 3 DAYS NEUMON! A Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated available). Due to (or es e consequence of): thet initieted events resulting in death) Lest Due to (or es e consequence of):

Examiner Box esn Division of Vital Records, P.O.

Physician/Medical Examine Completed by Be Certification: To

Medical

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

7 is marked other than "naturel", or flems 23e or 28e-f show traumetic event, the Modical Examiner must be notified at

1 end 2 should be filed within 72 hours efter. Health end Mental Hygiena. em 27 is marked other than "naturel", or ite

permit. Peges 1 end 2: Department of Health er Important: If Item 27 is any Injury or other trau

Physician /Medical

Baltimore, Maryland 21215-0020

Hospital or Attending Physician: eftar deet Director:

To the Hospital or Al within 24 hours efter To the Funeral Direc complately filled in b

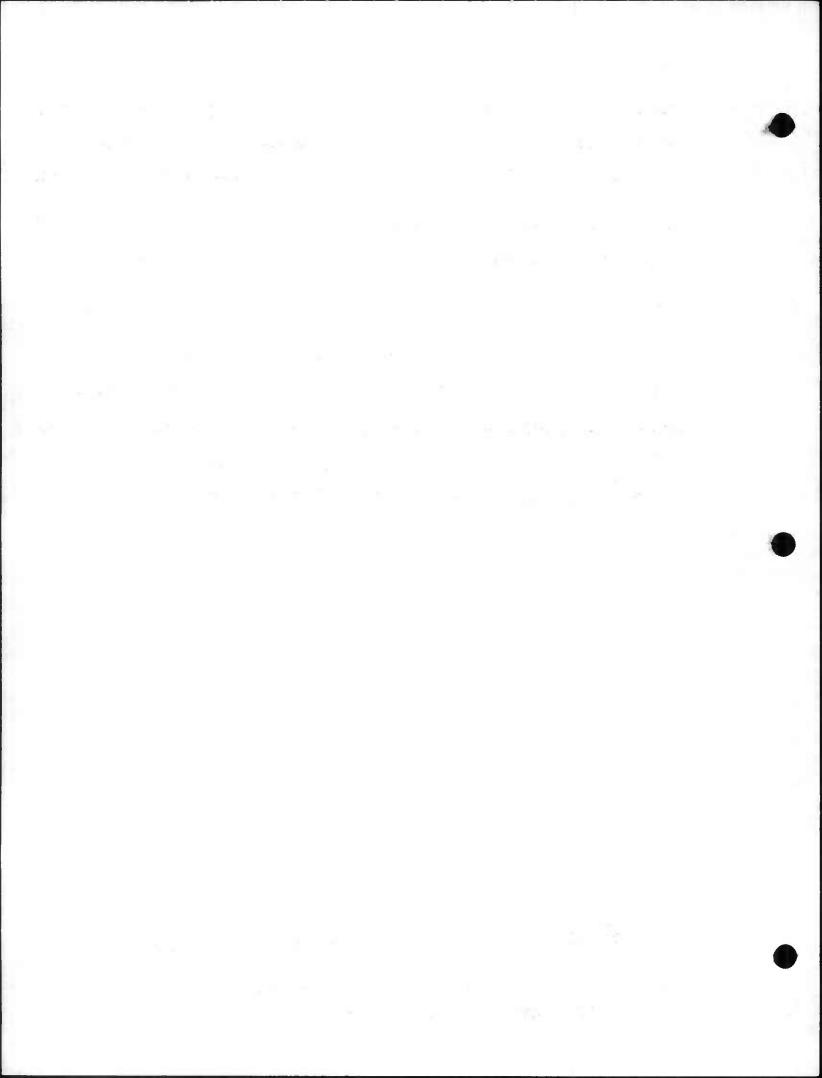
10 State Registrar

ACUTE GASTRO		,		1 ☐ Yes 2 ☐ No	3 □ Probably 4 □ Unknown
ACUTE LIVER	FAILURE FAILURE			24e. Wes an autopsy performed?	24b. Were autopsy findings eveileble prior to completion of cause of death?
25. Wes cese referred to medical	Hospital:	☐ ER/Outpatient 3☐	Othor	eath (Check only one) Home 5 Residence 6 Oth	er (Specify)
27. Menner of Death 1 Maturel 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe how injury occurr	
3 Suicide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Speci	nome, ferm, street, fact	ory, office	28f. Location (Street end Numb City or Town, Stete)	er or Rural Route Number,
29a. Certifier 1 □ Certifying Phy (Check only and)	rsicien: To the best of my kno	owledge, deeth occurre etion end/or investigeti	ed at the time, dete end plea on, in my opinion, death occ	e, end due to the ceuse(s) end me curred et the time, date end plece,	enner es steted. end due to the ceuse(s)

OF MARYLAND HOSPITAL, BALTIMORE, MY, 32. Registrer's Signatur

State of Maryland / Department of Health and Mental Hygiene 9 7

				Ce	ertificate o	f Death	R	Reg. No.	, ,	1 7 1 0
1		1. Decedent's Name (First, Middle	, Last)				2. Dete of Dee	oth	LHSC C	3. Time of Death
	sician edical	Clare	Heffner	r			Month April	Dey 12 19	Year 997	7:10 a.m
	edicai miner	4e. Facility Name (If not institution	, give straet end number)			4b. City, Town, or L				7.10 4.11
		Stella Maris				Towson		Ba	ltimo	re
Fune	rai	5. Sociel Security Number	6. Sex 7. Age (li	n yrs. last birthday		er If Under 24 Hrs.	8. Dete of Birth (Month, Dey			elece (State or Foreigntry)
Direct		220-01-3550 Usuel Residence of Decedent	1□M 2⊠F 92	2 Yrs.	Months Dey	s Hours Min.	June 22			Md.
11215-0020 within 72 hours after death with the Maryland ene. than 'naturat', or items 23s or 28=4 show med call an indiffered an indiffered and indiffered	tor	Md. Balt	imore	oc. City, Town or L TOWSON	ocation				1	0d. inside City Limits 1 ☐ Yes 2 ☒ No
r 28	Je P	10e. Street end Number	ZINOZ C	10,0011	10f. Zip Code	i	1	10g. Citizen of 1	What Cour	itry?
3a o		2300 Dulaney V	allev Rd.		212	04		USA		
deatl	Funeral Director	11. Meritei Status	12. Was Decedent Eve	r in U,S. 13.	Wes Decedent of	f Hispanic Origin? (Sa	pecify Yes or No-		e - Americ	an Indien,
NFe, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Marylan Health and Mental Hyglene. the act is marked other than "neturest, or theme 23a or 28a-f show other travilles worth. The Medical Environment is notified.	by Fur	3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 You If Yes, Give Year or Detes:		It Yes, specify Co 1 ☐ Yes 2 ② N	uben, Mexicen, Puerto o <i>Specify:</i>	Rican, etc.)	Specifi	ck, White, o	
2 5 P	8	15. Decedent	's Education		edent's Usuei Occ		-1112	16b. Kind of B		
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Aaryland 212: 2 should be filed within 1 and Mental Hyglene. 18 merked other than reummitte event.	O	17. Fether's Name (First, Middle, I	ast)	Dega	L DCOLCC	18. Mother's Nam			ne)	
d be be sental	Be	Henry		Poffel		Ida		Kendr	115	ek i
aryla should and Men marke	2	19a. informent's Name/Reletionsh	nin (Tyme Print)		ing Address /Stra	et end Number or Ru	ral Bouta Mumba			
Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event										
Baltimore, M permit. Pages 1 and 2 Department of Health s important: if them 27 is any injury or other the		Catherine D. Har		8820 20b. Piece of Disp		Blvd. Apt		3altimo: 20c. Location -		
		1 30 Buriai 2 Cremetion		cemetery, cre	metory or other p	lece)	Dete	ZUC. LUCATION	City or 10	wn, State
Baltimo permit. Page Department of Important: If any injury or		4 Donetion 5 Other (Sp	ecity)	Most Holy	Redeem	er 4/	15/97	Baltim	ore,	Md.
Sall memili popurity iv in	- Source	21. Signature of Funeral Service I	country (2. Neme end Add		II.aa. 7	r		
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Physicia /Medic	_	shock, or heert failure. List of timmediate Cause (Fine)								triterval Between Onset and Death
Examin	er	disease or condition resulting in death)	a Cerebrova							
	e e		Due	e to (or as e conse	quence of):					
be its	Examiner		b		-					
and and	Xa	Sequentially list conditions, if eny, leading to immediate	Due	e to (or as e conse	quence of):					
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d by the stache	Æ						1 🗆 Y	'ss 2 No	3 Prot	bebly 47 Unknow
S, P.O. es that the de igned by the a be datached	þ									
Of VITAL RECORDS, Physician: The law requires the conflicate has been signeral director, paga 2 should be to	8						24a. Wes a perform			ere autopsy tindings allable prior to
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The la	Ē						100	es 210 No		
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Of VITA Physician: this certific	Be	25. Wes case reterred to medical examiner?	Hospitel:			had	th (Check only on			
Phys raiding	2	1 ☐ Yes 2 ☑ No 27. Manner of Death	1 LI Inpatient	2 ER/Outpatie	III JU DOA	A PANILISING IN	ome 5 Reside			1)
	Certification:	1 X Naturai 5 ☐ Pending		28b. Time of Injury	W		28d. Describe ho	ow injury occur	red	
VISION Attending or death. ector: After by the fune	cat	2 Accident investig			M 1	Yes 2 No				
DIVISION or Attanding after death. Director: After In by the fune	E	4 Homicide determine	28e. Piaca ot tnjury - building, etc. (S	- At home, farm, st Specify)	reet, tectory, offic	0	28t. Location (St City or Town		er or Aura	l Route Number,
de sage	Ö									
DIV To the Hospital or I within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier 1 Certifying (Check only one) 2 Medicat E	(Check only 2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause							
To the I within 2 To the I	X	29b. Signature and the of certifier	/		29c. Lice	nse number	2	9d. Dete signe	d (Month,	Dey, Year)
F>F0		1 den	s Ron		D 1	5504		April	14,	1997
		00 Maria Continues	r = - 1,000					-		
. ()		30. Name and eddress of person v					VD 015	0.4		
10		Eddie Nakhuda,				, Towson,	MD 212	U4		
Regi	State strar	31. Dete tiled (Month, Day, Year) APR 1	6 1997 32. Registrats	ia Davidson	Mandalle.					
		1 11 11 11	- 1001 / /							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Month HAMMEN 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath Raltimore SSOX If Undar 24 Hrs. Geriatric 7. Aga (In yrs, last birthday) If Under 1 Yaar 9. Birthplaca (Stata or Foraign Days 1 M 2 □ F Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No 10f. Zip Coda 10g. Citizan of What Country? 12. Was Decedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 M No If Yas, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Nevar Marriad 2 Married Specify: White 1 Yas 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. PO NOT usa ratired) 15. Decedent's Education 16b. Kind of Buşiness/industry (Spacify only highast grada complated) Albert L. Jones Elamentary/Secondary (0-12) Collega (1-4or 5+) 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) NARRY HAMMEN
19a. Informant's Name/Ralationship (Type, Print) 20b. Place of Disposition (Name) of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Cicensaa 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1000 Dua to (or as a consequance of): Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 No 3 □ Probably 4 □ Unknown

Physician /Medical **Examiner**

that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funeral

Director

r is marked other than "naturel", or items 23a or 28a-f ehow treumstic event, the Medical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after of Department of Heelih and Mental Hygiene. Important: If item 27 is marked other than "naturel", or itel any linury or other traumatic event, Its Medical Examine

Baltimore, Maryland 21215-0020

death with the Maryland

OHN

5. Social Security Number

10a Stata

Maryland 10a. Streat and Number

3044

Directo

Funeral

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HALL

Examiner nding physician and use as the bunal-transit Sequentially list conditions, if any, laeding to immadiate ceusa. Entar Undarlying Ceuse (Diseasa or Injury that initiated avants rasulting in death) Last Physician/Medical been signed by the ettending should be detached for use as

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Completed

Be

2

Certification:

Medical

After this certificate has

death.

Hospital or Attendi

A 24 hour

filled in by the funeral

Immediata Causa (Final disaasa or condition rasulting in daath)

25. Was casa rafarred to medical axaminar?

24e. Wes an eutopsy performed? Wara autopsy findings available prior to completion of ceuse of death?

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work?

1 ☐ Yas 2 NO. 1 ☐ Yas 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify)

28d. Dascribe how injury occurred

28a. Date of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Tima of 5 Panding invastigation 1 Alvatural 2 Accidant 6 Could not ba datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida

28f. Location (Streat end Number or Rural Routa Numbar, City or Town, Stata)

29b. Signatura and titla of commor

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Dey, Yaar)

Run BAL7 mg 21221

1 Yas

4.4.17

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

31. Data filad (Month, Dey, Yaar) APR 1 6 1997

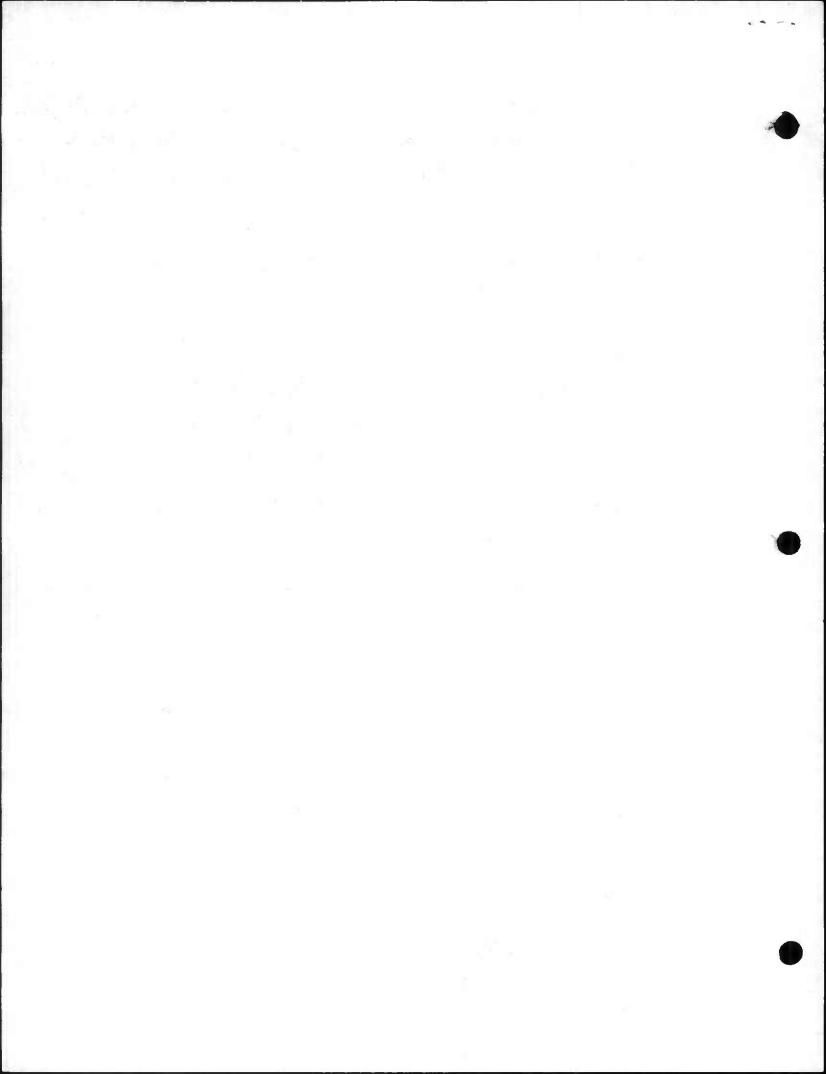
2) II No

1 Yas

29a. Cartifiar

32 Registrer's Signature was Davidson-Randall

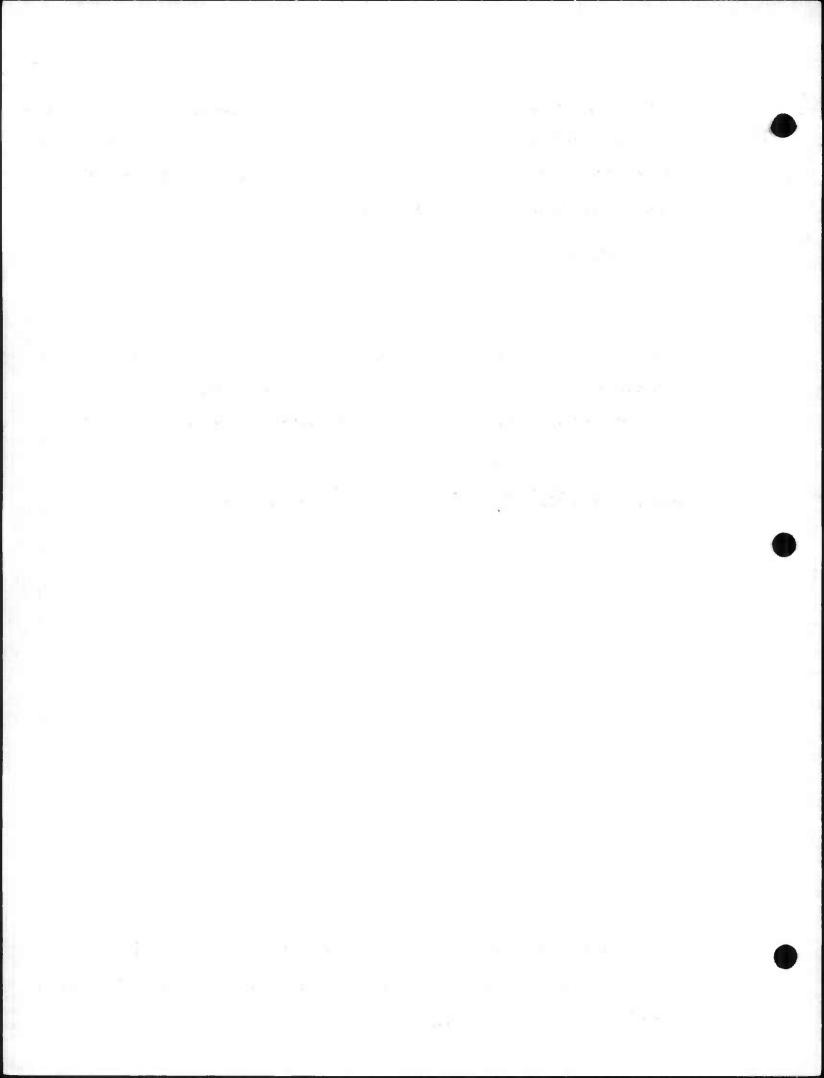
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97

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					Cei	rtificate d	of Dea	th		Reg. No.		
Dh ! - !		1. Decedent's Neme (First, Middle	, Last)						2. Dete of De Month		Vaar	3. Time of Death
Physicia /Medic		Rodney A.	Harris						Februar		1997	10:35 am
Examin	_	4e. Facility Neme (If not institution 2000 Odell Ave		er)			4b. City	, Town, or L	ocation of Death		of Deeth	re
Funeral Director		5. Sociel Security Number 212-90-6131	6. Sex 7 1⊠ M 2□ F	Age (In yrs. les 28	st birthdey) Yrs.	If Under 1 You Months De		der 24 Hrs. rs Min.	6. Dete of Bird (Month, De Sept. 1	th y, Year) .4, 1968	9. Birthi Coul	olace (State or Foreign ntry) yland
death with the Maryland rms 23a or 28a-f show r must be notified at		Usuel Residence of Decedent 10a. Stete. 10b. County. Maryland Balti	more	10c. City,	Town or Lo	cation e Count	v					0d. inside City Limits
the Marylan r 28a-f show notified at	ctor			Dai	LIMOL	COUNT	y					1 ☐ Yes 2 No
ith th	Dire	10e. Street end Number				10f. Zip Cod	ie			10g. Citizen of V	Whet Cou	ntry?
ath w	rai	2000 Odell Ave	nue			212	37			U.S.A.		
after dea or items	Funeral Director	11. Meritel Status1 ☐ Never Merried 2 ☑ Marri		s?					pecify Yes or No Rican, etc.)		ck, White,	
	by	3 Widowed 4 Divorced	If Yes, Give Year or Deter	s:		1□Yes 2⊠	No Spec	elty:		Specify	y: B.	Lack
72	Completed	15. Decedent (Specify only highes	's Education f grade completed)		16e. Deced	lent's Usuel Oo kind of work do DO NOT use re	ccupation one during r	nost of work	king	16b. Kind of B	usiness/in	dustry
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filed Hygi ther ont,	ပိ	17. Fether's Neme (First, Middle, I	ast)			IIIKIIOWII	18. M	other's Nam	ne (First, Middle,	Melden Sumen		.L
2 should be filed with and Mental Hygiena. Is marked other ther surretic event, the	To Be	Ronald Harris					I	Doroth	y Robin	son		
ges 1 and 2 should be filed within 72 hours at to the Haalth and Mental Hygiena. If item 27 is marked other than "natural", or or other traumatic event, tre Medical Exam		19e. tnforment's Name/Reletionsh Dorothy Robins				-				er, City or Town, Maryl		,
		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☑ Other (Sp.	3 □Removel from Sterecify) in-stat	te cen	ca of Dispo netery, crer	sition (Neme onetory or other	f plece)		Dete	20c. Location -	City or To	own, Stete
permit. Pe Departmen Important: any injury once.		21. Signeture of Funerel Service L Jose	ph B. Van S	ant	S	altimor	atomy e, Ma	Boar rylan	d 21201		imore	Street
Physician		23a. Part. Enter the disease, or shock, or heart feilure. List	complications that caus only one cause on each	ed the deeth. i line.	Do not ent	er the mode of	dying, such	es cardlec	or respiretory e	rrest,		Approximete Intervei Between Onset end Deeth
/Medical Examiner		immediate Cause (Final disease or condition			150	Emi	4					1471
Lxammer		resulting in deeth)	0.	Due to (or e	s e consec	uenca of):						
bed #st	a-lu		b	C	+ Nov	12 R	ENA	L F	MIZUR	8	1	MoNTH
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or Attending Physician: The law requires that the death certificate be after death. Director: After this cartificate has been signed by the attending physicia in by the funeral director, page 2 should be datached for use as the bur	Completed by		PAT	omic		Heno	J'ML	71.7	24e. Wes perfo	en eutopsy rmed?	ev cc	ere eutopsy findings ellable prior to empletion of cause death?
Tha is ta ha	E								101	res 20 No	11	☐Yes 2☐No
Physician: The law this cartificate has al director, page 2	Bec	25. Wes case referred to medical					28. P	lace of Deel	th (Check only o	one)		
Physician: rthis cartific iral director,	To	exeminer? 1 Yes 2 10	Hospitel: 1 🔲 tnpa	tient 2 Ef	VOutpetier	t 3D DOA	Other: 4	Nursing Ho	ome 5 Aesid	dence 6 Oth	er (Speci	(y)
nding Phath.: After the funeral	ation:	27. Menner of Deeth 1 DNeturei 5 Pending 2 Accident investig		jury Dey Year)	8b. Time of Injury		njury et Work? 1 🗌 Yes 2			how injury occur		
s aftar des	Certification:	3 Suicide 6 Could n 4 Homicide determine	ot be ned 28e. Piece of I building,	njury - At hom etc. (Specify)	e, ferm, str	eet, fectory, off	ice		28f. Location (S City or Tov	Street and Numb vn, Stata)	per or Run	al Route Number,
n 24 hour n 24 hour ne Funer plataly fill	edicai	29e. Certifier (Check only one) 1 Certifying 2 Medicat E	Physician: To the besixaminar: On the basis end menner	of examinetion	edge, death n end/or inv	occurred et th	e time, dete ny opinion,	end piece, deeth occur	end due to the red et the time,	cause(s) end me date end plece,	enner es s end due t	teted. o the cause(s)
To t with To t	M	29b. Signeture end title of certifier	um n	2		4	ense numb			29d. Dete signe 4-8	d (Month,	
		30. Name and address of person v		deeth (item 2					1600	2/m	RHI	LTRORE
Stat Registra		31. Dete filed (Month, Day, Year) APR 1 6 1997		strer's Signetur	Θ.					/	1.0	
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State of Maryland / Department of Health and Mental Hygiene Item10e 4-16-97 FilmG746 W.H.Per F/H Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month Year **Physician** HARRIS WILLARD APRIL 13 8:45 PM 1997 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE 6000 SAM AK ITAN HOSPITAL 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 □ F Months Hours 86 Yrs. 219 12 515 Usual Residence of Decedent Director 6-10 filed within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ne 23a or 28a-f shov CT apt 103 BALTO My 21205 -1 DYes 20 NO N. A 1.615 WARD Md. Director 10g. Citizen ot What Country? 10e. Street and Number 10f. Zip Code 16/5 WARDET U.S.A 21205 Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 7 is marked other than "natural", or item traumatic avent, tra Medical Examiner. 1 Never Married 2 ☐ Married 1 Yes 2 No It Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade com 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Roll Rd. Beth lehem No Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) MAINTENANCE Uh permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked other any injury or other traumatic avent. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be HARRIS CHARLES Lillie HOLLAND 19a. tntormant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straet and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1987 CHARLES St. ALBANS N.Y.11412 118-42 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cametery, cremetory or other plece) 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State LANGSDOWNE. Md M+ ZION bem. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licenses 22. Name and Address of Facility Fyneral Hame 1304n. Contra Lockes 23a. Part. Enter the isease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, or heart tailure. List only one cause on each line. Approximete Intarvel Between Onset and Death **Physician** /Medical tmmediate Cause (Final H4POX1A 24 HOURS disease or condition resulting in death) Examiner Dua to (or as a consequence ot): Examiner OB STRUCTIVE PULMONARY 20 years CHRONIC DISEASE The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants resulting in death) Last Dua to (or as a consequence ot): Physician/Medical Due to (or es a consequence of): Part II. Other atgnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Dtd tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ACUTE RENAL DEHYDRATION , FAILUKE þ 24b. Were autopsy findings available prior to completion of ceuse of daath? Completed 24a. Was an autopsy performed? DEMENTIA certificate 1 Yes 2 No Attanding Physician: funeral director, 25. Was cesa raterred to madical Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 5 Panding investigation 1 Matural death. To the Hours effer death.
To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be datermined 28t. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homlcide 29a. Cartifiar Medical 1 Certifying Physicien: To tha best ot my knowledge, death occurred at tha time, date and place, and due to the cause(s) and mannar as statad. (Check only one) 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and manner stated.

29c. License number

5601, LOCH RAVEN BLVD,

P10582

29d. Date signed (Month, Dey, Year)

BALTIMORE, MD 21239

13.

State

Maryland 21215-0020

Baltimore,

Box 68760,

of Vital Records, P.O.

Division

ANN MECHERIKUNNEL 31. Date filed (Month, Day, Year)

29b. Signature end title ot certifier

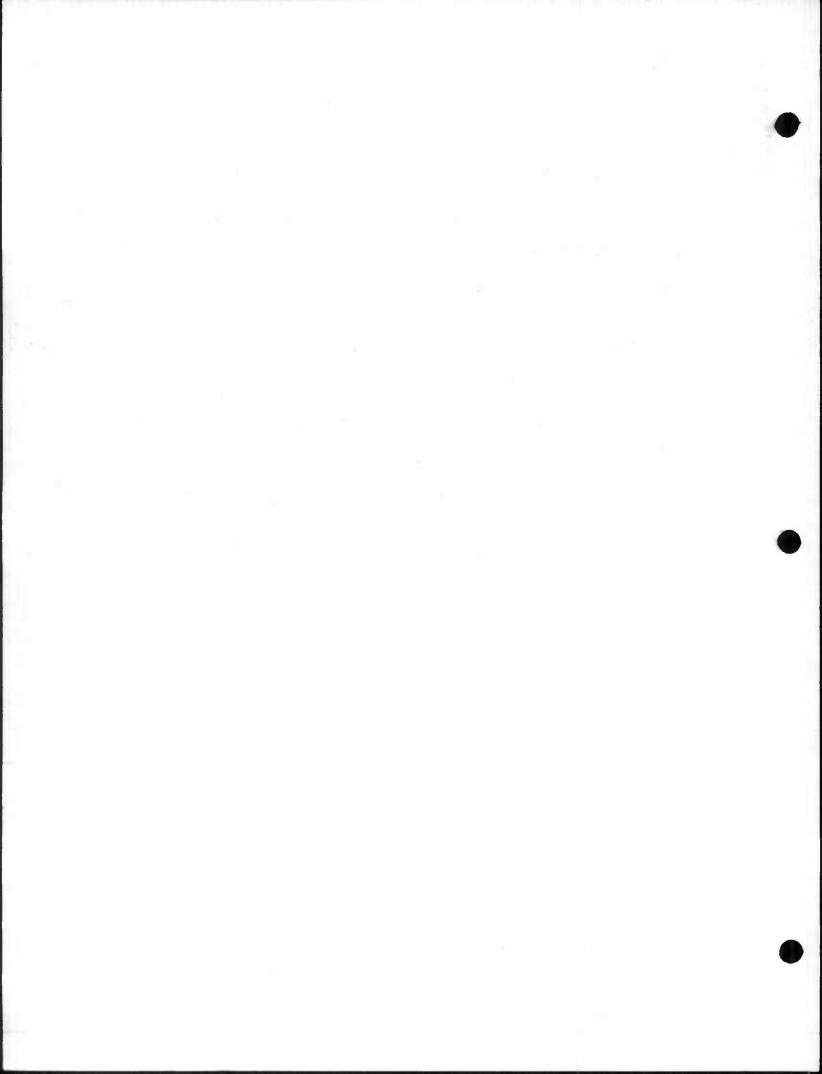
10mas

32. Ragistrar's Signature Julia Widson-Randall

M.D

30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print)

Registrar **DHMH 16 Rev 6/95**



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Margaret **Physician** Month Hymm 9:4000 April W /Medical 4e. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fairland Nursing Home Silver Spring Montgomery | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spreading | Struct Spre 5. Social Security Number 9. Birthplaca (State or Foreign Country) Maryland 7. Age (In yrs. lest birthday) **Funeral** 1□M 2∏F 90 Yrs. 212-14-7901 Director Usual Residence of Decedent tion State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 ¥Yes 2 No Director Mrd. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? b event, the Medical Examiner must be "natural", or Items 23a 3501 St. Paul Street 21218 USA 12. Was Dacedent Ever in U,S.
Armed Forces?
1 Yes 2 X No
If Yes, Give
Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Biack, White, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 à Specify: 3X Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) permit, Pages 1 and 2 should be filled w Department of Health and Mental Hygen Important; If ham 27 is marked other thu any Injury or other traumatic avains. Medical Nurse 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) William Schaeffer Etta Wagner 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Numbar or Rurel Route Number, City or Town, Stete, Zip Code) M. Slade Caltrider / son 848 Snow Fall Way Westminster, Md. 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Meadow Branch Cemetery 4-15-97 Westminster. Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility 11824 Reisterstown Road Lene Eline Funeral Home Reisterstown. Md. 21136 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **Physician** /Medical Alexerner's Disease 1990 Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or as e consequence of): Acute and Recurrent Aspiration Prevention Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last 1490 Congestive Reart Box 68760 Physician/Medical Due to (or as a consequenca of) 1990 Cordio 4 Willer Disease Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Dld tobacco use contribute to the cause of deeth? Mypotorsiun 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ò 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an eutopsy 1 Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 41 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Attac 1 Naturel 5 Pending 1 Yes 2 No investigation NA 2 Accident f or Attend after death Director: / 6 Couid not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Numbar, City or Town, Stete) 4 Homlcide pittal ours eral 29a. Certifier (s) and manner as stated. (Check only one) 2 Medicel Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifian 29d. Data signed (Month, Dey, Year) TIL NO April 12,1997 17719

State Registrar SS, Mu to 910

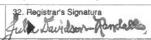
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death HOWARD Day Veer **Physician** RTLE 7:20 AM APRIL 97 13 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTHWEST HOSPITAL CENTER DALTIMORE RANDALLSTOWN 7. Aga (In yrs. last birthday)

86 Yrs. | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months | Days | Hours | Min. | 05/01/1910 5. Social Security Number Birthplaca (Stata or Foreign Country) **Funeral** 1 M 20 F 217-01-6070 Director Maryland Usual Rasidance of Decedant the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow r 28a-f ahow MD Director BALTIMORE 1 Yas 2 No WOODLAWN 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? tem 27 is merked other than "natural", or items 23s or other traumatic event, the Modical Examiner must be a 3517 Meadowside Avenue 21207 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedani of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 72 hours efter 1 ☐ Yas 2 █ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: by 3 Widowed 4 □ Divorced **Black** Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 7. Hygiene. Eiamantary/Secondary (0-12) Coilega (1-4or 5+) N/A N/A 8th permit. Pages 1 end 2 should be file Department of Health end Mentel Hy important: if them 27 la merked oths any Injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Ida Amelia Jackson James William Contee 19a. Informant's Name/Raiationship (Type, Print) 19b. Maiting Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Agnes Hunter 3517 Meadowside Ave., Balto., MD 21207 20b. Piace of Disposition (Nama of cematary, crematory or other place) 4/17 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1X Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata MD. NATIONAL MEM. PARK 4 □ Donation 5 □ Othar (Specify) LAUREL, MARYLAND 21. Signatura of Funarai Sarvice Licens 22. Nama and Addrass of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE, BALTO. 21207 Part Ener the disease, r complications that cause a ma death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. I st only one cause on each me. Approximata intarvai Betw **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical 50A-15 PNEUMIONIA Examiner Due to (or as a consequence of) Examiner ician and buriel-transit Sequantially list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Diseasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): physician at the buriel Box 68760 Physician/Medical Dua to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yea 2 No 3 Probably 4 Unknown YPERTENSION Division of Vital Records. þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed Deen DIABETES has 1 Yas 2 No 1 Tyas 2 No certificate 25. Was casa referred to madical axaminar? 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 27. Menger of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred or Attanding Pattar daath. After 1 Naturai 5 Panding 1 Yes 2 No invastigation 2 Accident 8 Could not be datarminad 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 3 4 Homicida Pours uneral 29e. Cartifiai 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and dua to tha causa(s) and mannar as stated. Medical 2 Medical Examiner: On tha basis of examinetion and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar S. RAO.M.O 043464 APRIL TER RANDALLSTOWN . MO. 30. Nama and address of person who complated cause of deeth (item 23e) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year) APR 1 6 1997

NORTH WEST



CENTER

HOSPITAL

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month APRIL 1997 LEE HAHN 6:30 PM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 4001 CLARKS LANE APT. 311 BALTIMORE N/A 5 Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth
(Month, Day Year)
DEC 22,1910 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1□ M 25 F 215-09-0328 86 Yrs. Director RUSSTA Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 □ No MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 4001 CLARKS LANE, APT. 311 21215 USA Nerns 23s death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☐ No by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within: nent of Health and Mental Hygiene. int: If Item 27 Is merked other than "r Elementary/Secondary (0-12) Coilege (1-4or 5+) POLAN KATZ CO. CLERK 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) HAHN HARRY RACHEL STEINFELD 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 s
Department of Health ar
Important: if item 27 is
eny injury or other trau 9004 MEADOW HEIGHTS RD. 21133 JANET PLATT (NIECE) RANDALLSTOWN, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removal from State TZEMECH ZEDEK VE SHOMREI HADATH 4/13/97 BALTO., MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner UD that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician at s the burial-t Box 68760. Physician/Medical Due to (or as a consequence of): 88 for use as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? P.O. 2 1 Yes 2 No 3 Probably 4 Unknown lymphocytic signed d be det 2 Records. 24b. Were autopsy findings eveileble prior to completion of ceuse of death? Completed 24a. Was en eutopsy performed? pege 2 s 1□ Yes 2 No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After or Attanding 1 Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) à 4 | Homicide 29a. Certifier 1🗂 Certifying Phyelcien: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner es steted. Medical 2 Medical Examiner: On the bacs of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and magnetizated. 29b. Signature and title 29d. Date signed (Month, Day, Year) address of person who completed cause of death (Item 23a) (Type, Print)

1838

Greene Tree Rd St. 300 Batto, mD 21208

State Registrar

State of Maryland / Department of Health and Mental Hygiene 9 7

							Ce	rtifica	te of	Death			Reg. No.			
	- Proceeding		1. Decedent's Neme (F	irst, Middle, La	st)			11				2. Dete of Dee		Yaer	3. Tim	e of Death
	Physic /Medi		EMMA			J A	ACKSO	N				04	13	97	12	:15pm
þ	Exami		4e. Fecility Name (If no	nt institution, giv	re street end numb	er)				4b. City, To	wn, or Lo	cation of Death		y of Deeth		
			3002 Sc	outhlan	nd Aven	ue				Balt	imo	ce		NA		
	Funeral		5. Sociel Security Num	ber 6. S	Sex 7.	Age (In yrs. I	est birthday)		r 1 Yaar	If Under	24 Hrs.	8. Dete of Birt (Month, Da)	h ,	-	ece (Ste	ete or Foreign
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	ס		Usuel Residence of De	cedent									V 12	1	110	•
	how I			b. County		,	, Town or Lo							1	0d. Insid	le City Limits
	Ma -	Sto	Md	NA		В	altim	ore							/权	Yas 2□No
	7 28 P	Director	10e. Street and Number	ər				10f. Zi	Code				10g. Citizen of	Whet Cour	ntry?	
	h wii		3002 Sc	outhla	nd Aven	ue			212	225			USA	A		
	within 72 hours after deeth with the Maryland ilene. Than "natural", or flems 23a or 28a-f show the Medical Examinar must be notified at	Funeral	11. Maritel Status		12. Was Decede	ent Ever in U,	S. 13.	Wes Dece	dant of F	Hispanic Ori	igin? (Spe	ecify Yes or No-		ce - Amaric		n,
0	or its		1 Never Married	2 Married	Armed Force			_				Rican, etc.)	Ble	ack, White,	etc.	
Baltimore, Maryland 21215-0020	urs alf, o	by	3 ☐ Widowed 4 ☐	Divorced	If Yes, Give Yaar or Date	es:		1 ☐ Yes	5X-1X10	Specify:			Speci	^{ñy:} Bl	ack	
9	2 ho	Completed	, 15	. Decedent's Ed	ducation		16e. Dece	dent's Usu	el Occup	petion during mos			16b. Kind of I	Business/Inc	dustry	
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2	d with giene. r than	E O	High Scho	, ,	Na	0.01,	Labo	rer					110111011			Home
b	be filed hel Hygid of other svent,	Be	17. Fether's Neme (Fire	st, Middle, Last,)					18. Mothe	er's Name	(First, Middle,	Maiden Surna	me)		
lar	should be 1 nd Mentel I marked of mertic ave	0	William		Alle	n				Al	ma			Mo	sle	V
and	de Fil	-	19a. informent's Name	Relationship (Type, Print)		19b. Meili	ng Addres	s (Street	t end Numb	er or Run	al Route Numbe	er, City or Town			2121
Σ	nd 2 alth a 27 is r tra		Wanda	Allen			1211	Mor	tfo	rd A	Venu	ie Bal	timore	, Ma	rvl	and
re,	s 1 and 2 I Health tem 27 I		20a. Method of Disposi	ition		20b. PI	ece of Dispo	sition (Ne	me of			Dete	20c. Locetion		-	
U O	permit. Pages 1 and Department of Health Important: If item 27 eny injury or other t once.		1X Burlal 2 □ C 4 □ Donetion 5 [ite	emetery, cre				i	04 17	07 -			
	ortan Injur		21. Signeture of Funer		- 1	V (- 1			Gard ess of Facili		04-17	-9/ L	unda	IK,	Md.
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x 68760,	certificate be executed iding physician and ise as the bunial-transit	Medical	that initieted events resulting in deeth) Las	l	d	Due to (or	as e consec	quence of):						1		
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o.	0 0 0	Physician	Pert II. Other significer	nt conditions o	ontributing to deat	h but not resu	iting In the u	inderlying	ceuse giv	ven in Pert	l.	23b. Dld 1	tobacco use c	ontribute to	the cau	ee of death?
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	To the Hos within 24 h To the Fun completely	edical	one)	Medical Exam	niner: On the basis end menner	s of examineti steted.	on ena/or in	vestigation	i, in my c	opinion, dee	etn occurr	ed et the time,	date end place	, end due to	the ceu	se(s)
	To the Hospital within 24 hours a To the Funeral I completely filled	Σ	29b. Signeture end title	of certifier		1		29		sa number			29d. Data sign	ed (Month,	Day, Yes	ar)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Death Month DW CNBOLYN 3 1997 Pr 68301 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 05 Bactin Hospital Bactor AHI one If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Days 1□ M 25 F 216-90-8774 Yrs 33 27,1963 Aug. Md. Usual Residenca of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 1 ☐ Yes 2 ☐ No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3900 Palmer Court 3rd Fl 21215 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 Kixlever Married 2 Married 1 Yes 2 No Specify: Specify Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8th Grade Jack's Bar Barmaid 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Arnold Gene Jones Patricia A. Howard 19e. Informent's Name/Relationship (Type, Print) brother 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Alonzo Barber 3509 Sedgemoor Road Baltimore, Md. 21207
ca of Disposition (Neme of Date 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 1 Burial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Zion Cemetery April 18 Baltimore County, MD. 22. Name end Address of Facility Nutter Funeral Homes, Inc. 21. Signeture of Funeral Service Licansee 2501 Gwynns Falls PKWY, Baltimore, MD. 21216 23a. Part1 Enter the disease, or complications that caused the barr shoot or heart failure. List only one cause on each line Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate Interval Between Onset and Death immedi te Cause (Finei 6 d disease or condition resulting in death) 5 millule Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as a co Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA 28b. Time of 28d. Describe how Injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

MD.

Director

Funeral

by

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Medical Examiner must be notified at

permit. Pagas 1 and 2 should be filed within 72 hours eftar t Department of Haalth end Mental Hygiena. Important: If Item 27 Is marked other than "natural", or ther any injury or other traumatic event.

Saltimore, Maryland 21215-0020

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Physician/Medical

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þ Completed Be 2 Certification:

Medical

Division of Vital Records, P.O. Box 68760 Attending I or Attendin attar death. Director: Aft

> State Registrar

25. Was case referred to medical 1 Yes 2 No 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 5 Pending 1 Nature 1 Yes 2 No Investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end plece, end due to the cause(s) and manner stated. (Check only one) 29b. Signature end title of cartifier

29c. License number 29d. Date signed (Month, Day, Year)

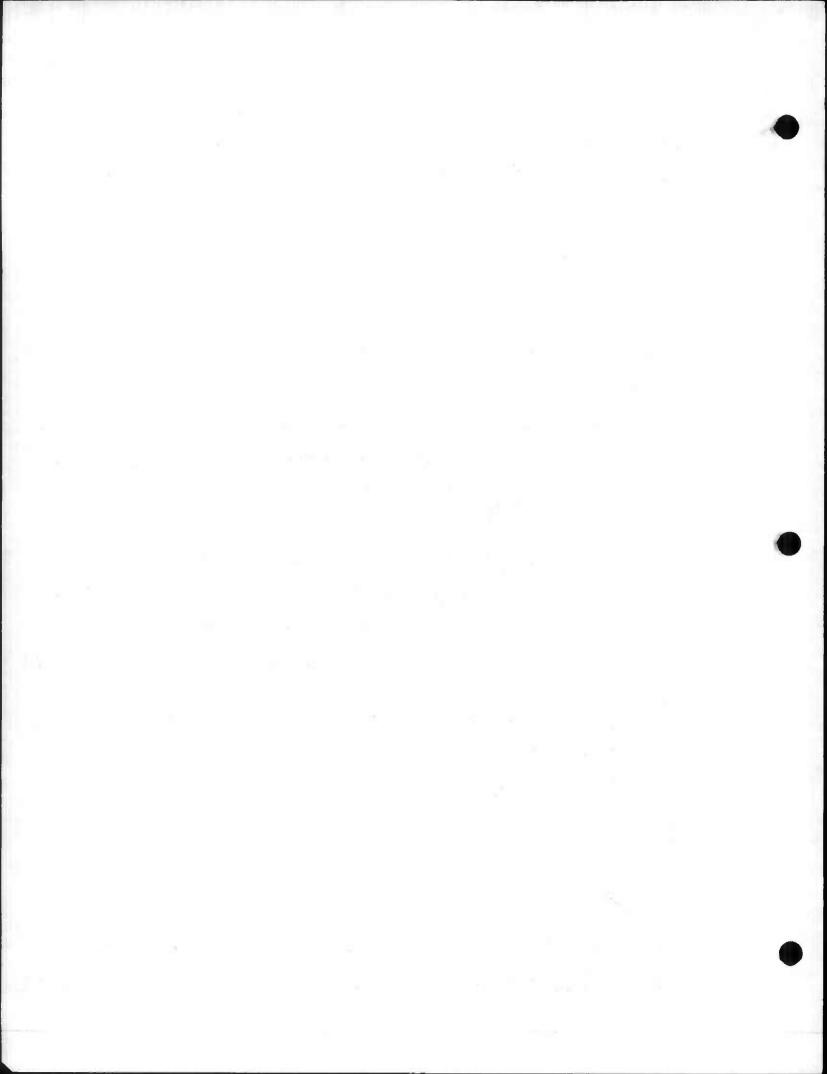
AS2402321BC9021 April 14 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) BEVERLY M. Sinai Hospital, 2401 West Beluede M.D.

31. Date filed (Month, Day, Year) 32. Registrar's Signature APR 16 1997

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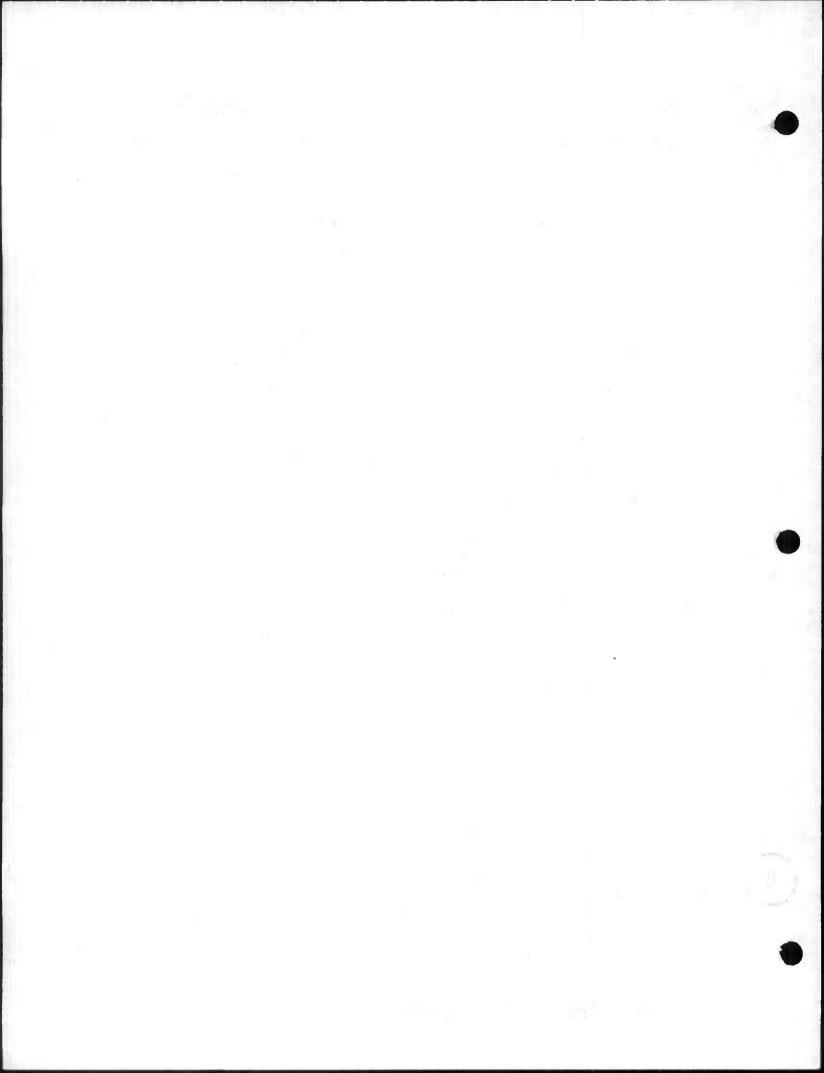
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	Funeral	г	5. Social Security Number	6. Sex , 7.	Age (In yrs. lest	birthday)	If Under 1 Yea	If Under	24 Hrs.	8. Date of Birth (Month, Dey		9. Birthp	olaca (State or Foreign
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Division	188	Certification:	4 ☐ Homicide determ	lined Zoa. Place of	Injury - At home, etc. <i>(Specify)</i>	, farm, str	reet, factory, office			City or Tow		er or Hure	al Route Number,
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	To the How within 24 h To the Fun complately	Me	29b. Signature and title of certifie	and manner	stated.		29c Licer	isa number			9d. Date signe	d (Month	Dev Year)
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	3		30. Name and address of parson	who completed cause of	f death (Item 23)	a) (Type,	Print)	+1	L	,	IV.		T 111
			31. Date filed (Month, Day, Year)	lyn M.	C . 15	ek	nev	In	en	ennea	y Ar	egen	Institute
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State of Maryland / Department of Health and Mental Hygiene

11426 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Date of Deeth 3. Time of Deeth 1232 **Physician** Year CRATG /Medical LEO 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MERCY HOSPICE BALTO. N/A 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) Funeral Days 1QM 2□ F Hours Yrs. Director 220-78-4801 33 15, 1963 MARYLAND Usual Residence of Decedent the Maryland 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-1 show Directo 1 ☐Yes 2 ☐ No MARYLAND BALTIMORE CITY 10e. Street and Number N/A 10f. Zip Code 10g. Citizen of Whet Country? 1007 HOMEWOOD AVENUE 21202 Funeral U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2√ No by 3 ☐ Widowed 4 ☐ Divorced Specify: NEGROE Hygiene. other than "naturn ent, the Weuter Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) i. Pages 1 and 2 should be filed w tment of Health and Mental Hygier tant: If Nem 27 Is marked other it jury or other traumatic event, In NURSING ASSISTANT ROSEWOOD STATE HOSP. 12THN/A altimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be EDDIE C. JOHNSON EVELYN LOUISE GLASS 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) EVELYN L.JOHNSON-MOTHER 1007 HOMEWOOD AVE. BALTO, MD. 21202 20b. Piace of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Dele 20c. Location - City or Town, Stete GREEN MOUNT CREMATORY 1 ☐ Buriel 2 Cremetion 3 ☐ Removal from State permit. Page Depertment of Important: If any Injury or once. 4 □ Qonation 5 □ Other (Specify) BALTIMORE, MD. 21. Signeture of Funerel Service Licensee CALVIN B. SCRUGGS FUNERAL HOME 23a. Part1. Enter the disease, of complications that chused the beath. Do not enter the shock, or heert failure. List only one ceuse on each line. 1412 E. PRESTON ST. BALTO, MD. 21213
Approximate Interval Between Onset end Death **Physician** /Medical Immediete Ceuse (Final MIMUNE DEFICIENCY ACQUIRED SYNDROME disease or condition resulting in deeth) UNKNOWN **Examiner** Due to (or es e consequence of) INFECTION UNKNOWN iding Physician: The law requires that the death certificate be executed pue **bunal-trar** Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Box 68760 Physician/Medical Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. O 23b. Did tobacco use contribute to the cause of death? been signed by should be detac ۵ 1 | Yes 2 No 3 | Probably 4 | Unknown of Vital Records. þ 24b. Were sutopsy findings avelleble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? certificate 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 28. Plece of Deeth (Check only one) STELLA MARIS AT MERCY 2 1 Yes 25€No Other: 4 Nursing Home 5 Residence 8 Nother (Specify) HOSPICE 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of no After 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide edicai 29a. Certifier 🖄 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) and menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dele and place, and due to the cause(s) end menner stated. within 2 To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) Denous 040480 14,1997 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 5870 BELAIR RD FERRO, MO 1. FERNANDO 21206 MO 31. Date filed (Month, Dey, Yeer)
APR 1 6 1997 2 Registrar's Signature State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth JACKSON **Physician** SOM APRIL /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner If Under 1 Yeer 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign (Country) **Funeral** 10 M 2 □ F Days Yrs. Director JUN 21,192 OLORADO ial Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be nothing at 1 PYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 **Неття** 23a 7190N Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates: 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☐ No Specify BLACK þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Madia once. (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) DORADNER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme, 19a. Informent's Neme/Reletionship (Type, (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) HARON DACH 27 NEW ING BORD 20b. Place of Disposition (Neme of cemetery, cremetory ogother) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 Removel from State \$ ☐ Other (Specify) 4 Donetion 21. Signeture of Junerel Service License FUNERA/ 23e, Peitl Intel the isees, or complications that caused the deeth. Do not enter ships, or each failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel 400 disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner sician and burial-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of) P.O. Box 68760, attending physician for use as the buria Due to (or es e consequence of): t not resulting in the underlying cause/given in Pert I. 23b. Did tob cco use contribute to the cause of death? 1 No 3 Probably 4 Unknown sate has been signed in page 2 should be dat Records, þ Be Completed 24b. Were eutopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of death? alle 1 Tes 1 ☐ Yes 2 ☐ No certificate of Vital Physician: director. 25. Was cese referred to medical examiner? 26. Piece of Death (Check only one) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this after death. Director: After this d in by the funeral d 27. Manney of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division or Attending 5 Pending Investigation 1 Naturel 1 Yes 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

State Registrar

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d eddress of person

29b. Signature and title of certifie

29a. Certifier

(Check only one)

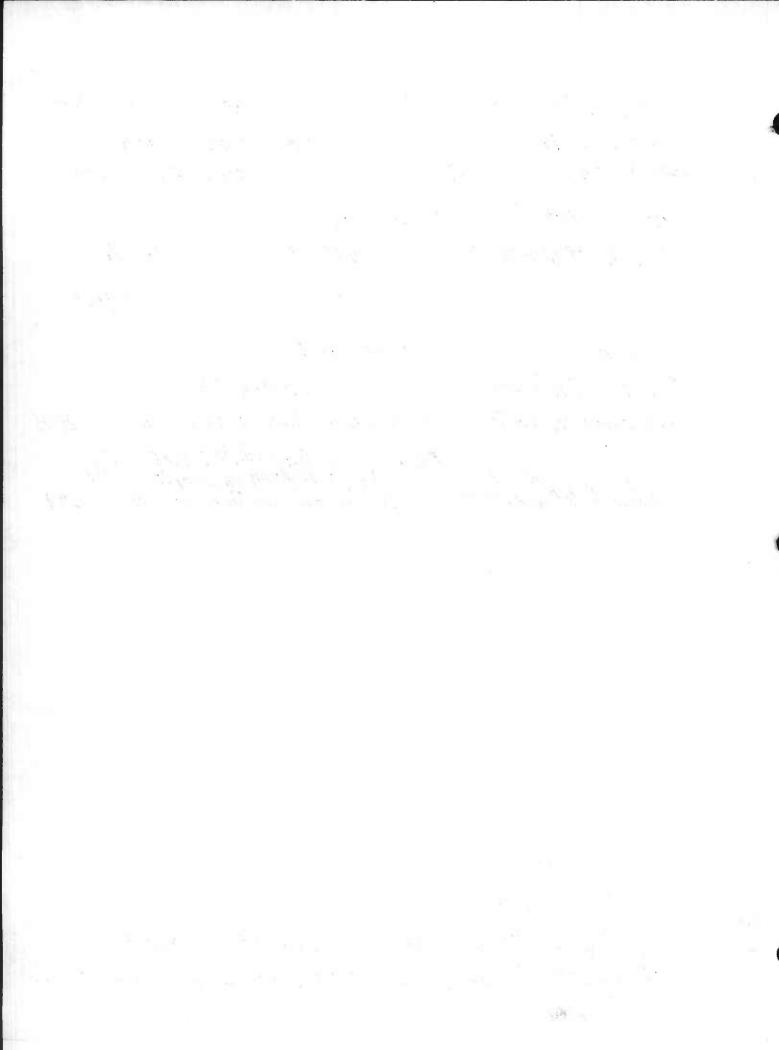
cause of deeth (Item 23e) (Type, Print)

29c. License number

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner steted. 29d. Dete signed (Month, Day, Year)

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32. Begistrer's Slaneture



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State of Maryland / Department of Health and Mental Hygiene

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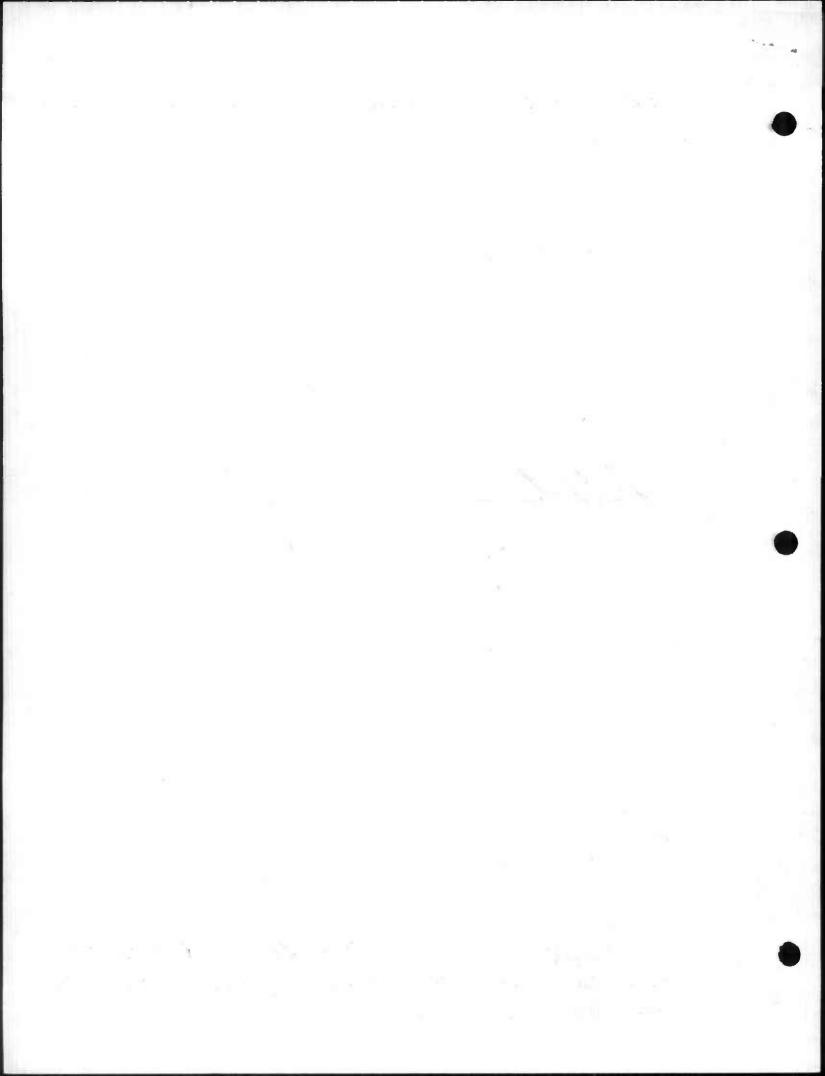
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	p .		Usuel Residence of Decedent 10e. State 10b. County		10a Cit.	, Town or Lo							
	e Maryla	Director	MD Prince	Georg			HEIGHTS	5				1	0d. Inside City Limits 1 ☐ Yes 🏋 🙀 No
	or 28	- ire	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Coun	itry?
	23a		505 Suffolk	Avenue			2074	13			U	SA	
50	72 hours after death with the Maryland "natural", or items 23s or 28s-f show sdical Examiner must be notified at	y Funeral	11. Maritel Status 1 Never Married 2 Married	12. Wes Dec Armed F 1 Yes if Yes, G	cedent Ever in U,S orces? 21 No ive		Vas Decedent of f Yes, specify Cu I ☐ Yes 2 ☑ No			ecify Yes or No Rican, etc.)	3- 14. Rec Ble Specif	ck, White,	
8	ural'.	d by	3√2 Widowed 4 □ Divorced	Year or [Dates:								
Maryland 21215-0020	S 2 3	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	rade completed)	(1-4or 5+)	(Give	lent's Usuel Occ kind of work don OO NOT use retii	e during mos	st of work	ing	16b. Kind of B	usiness/ind	dustry
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Ja	N 00 m		19a. Informent's Neme/Reletionship				g Address (Stree						2120
	f Haalth tem 27 other tr		Pamela Chambl	ISS	201 51				Aver				imore, M
Baltimore,	8 2 20		20e. Method of Disposition X № Buriel 2 □ Cremation 3	☐Removel from	State 20b. PI	ernetery, crer	sition (Name of natory or other p	lace)	i	Dete	20c. Location	- City or To	wn, Stete
	nit. Parantmen ortant: Injury		4 Donation 5 Other (Spec	ify)	Ne	ew Ca	thedral	L Cem	. 04	1-17-9	7 Bal	timo	re, Md.
Sall	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Lice	hsee ///		22	. Name end Add	ress of Fecili	by B	altimo	re, Ma	ryla	nd 21202
_	20 E 8 0		Mangoed	SH	V PHO	ZO W	M.C. M	arch					
П			23a. Rant Living the disease or co-	one cause on	each line.	Do not ent	er the mode of d	ylng, such es	cardiec	or respiretory e	errest,		Approximete Intervel Between
1	Physician			1	-		0	_					Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Finei diseese or condition	Car	reinon	a	Bres	nT				3	Months
	LAGITITO	_	resulting in death)		Due to (or	es e conseq	uenca of):						
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x 68/60,	certificate be executed rding physician end use as the burial-transit	n/Medical	resulting In deeth) Lest		Due to (or	es e conseq	uence of):						
. Box			Pert II. Other eignificent conditions	contributing to d	leath but not resu	Ilting in the u	nderiving cause o	niven in Pert	1.	23b. Dld	tobacco uea co	entribute to	the cause of death?
О	requires that tha death	Physicia					, and a second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 2 No	3 Prof	
on of Vital Records,	8 2 8	d by								24a Was	en eutopsy	24h W	ere autopsy findings
Ö	v require been sig should b	Completed								perto	ormed?	ev.	eliable prior to mpletion of cause
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7	certificate rector, pag	Be	25. Was case referred to medical exeminer?	Hospital:						h (Check only			
5	Physician: this certific ral director,	. To	1 Yes 2 No 27. Menner of Deeth	28a. Dete		ER/Outpetien 28b. Time of	I 3LI DOA	4 CLIV	ursing Ho		Idence 6 □Oth		y)
-	After	Certification:	1 Neturel 5 Pending	(Mor	oth, Day Year)	Injury	28c. inj W	ork? ☐ Yes 2 ☐	No	200. Describe	now injury occur	160	
12	1886	fica	3 ☐ Suicide 6 ☐ Could not	be age Blee	e of Injury - At ho	me farm str				28f. Location /	Street and Numi	ber or Rura	Il Route Number.
5/	M 8 9	erti	4 ☐ Homicide determine	build	ing, etc. (Specify)	oct, rootory, omo				wn, Stete)		
1		edicai C	29e. Certifier (Check only one) 1 Certifying P	miner: On the b	best of my know easis of examineti	vledge, deeth	occurred et the restigetion, in my	time, dete er opinion, dee	nd pleca, eth occur	end due to the red et the time,	cause(s) end m date end plece,	enner es si end due to	teted. the ceuse(s)
	within To the comple	Me	29b. Signeture end title of cartifier	end men	nner stated.		20c Lice	nse number			29d. Date signe	nd (Month	Day Veer
	5 × 5 0	-	1 ^	1 ATT	. 0. 1	portor	Zau. Lice) 1 C	8-4		4 - /	6-9)
			b Whymee M	7 1400	many .			00	07		7 '	_ /	/
			30. Name end eddress of person who	b SI	se of death (Item	23e) (Type,	Print) 2 WY	PI	TSAI	DILVA	MD	2112	.3
	Sta Regist	_	31. Dete flied (Month, Day, Yeer) APR 1 6 1997	Suh	Registrar's Signat	Randall							

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

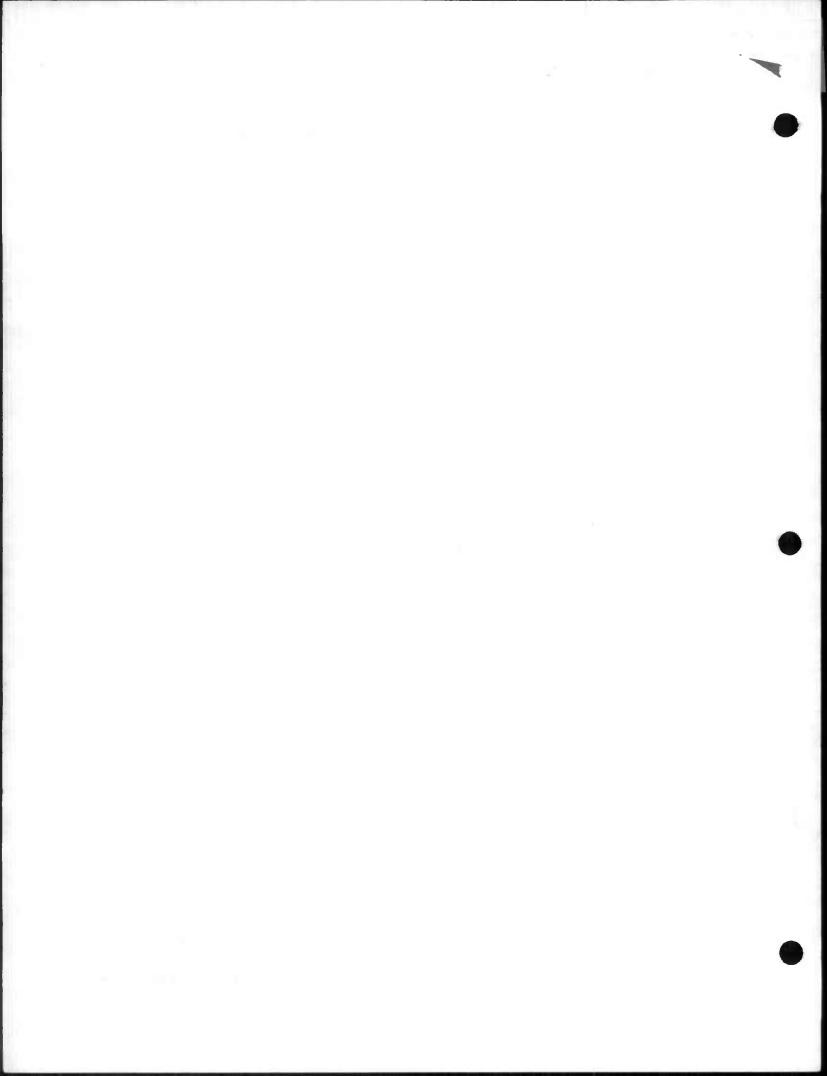
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** APRIL 1201997 Yeer KRUMMACK **JOHN** 2:40 AM EDWARD /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner VANTAGE HOUSE 5400 VANTAGE POINT RD. COLUMBIA HOWARD If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Birthpiece (State or Foreign Country) 1∑M 2□F Deys Director 490-03-2935 87 JUNE 5,1909 CO Usuel Residence of Decedent the Maryland r 28a-f show 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No HOWARD MD COLUMBIA 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code me 23a or 5400 VANTAGE POINT ROAD 21044 U.S.A. death r than "natural", or items The Medical Examiner my 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. o filed within 72 hours after d il Hygiene. other than "natural", or item 1 Never Merried 2 Merried 1X X es 2 ☐ No If Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Specify: WHITE þ 3€Widowed 4 Divorcad Yeer or Dates: WWII 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 10 BOOKKEEPER G.M. ACCEPTANCE CORP other t 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be in Department of Health and Mental Important: If Item 27 is marked of any Injury or other traumatic ever JOHN KRUMMACK CLARA MUELLER 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zlp Code) JANICE PESKIN (DAUGHTER) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Locetion - City or Town, State 1 ☐ Buriel 2☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) CARROLL CREMATION APR. 14,97 HAMPSTEAD MD 21. Signature of Edneral Squace Licens 22. Name and Address of Fecilit WITZKE FUNERAL HOME OF CATONSVILLE, 1630 EDMONDSON AVENUE CATONSVILLE MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Physician /Medicai Immediete Ceuse (Final neumonia diseese or condition resulting in deeth) TWK **Examiner** Due to (or es e consequenca of): trohythmia physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): ision of Vital Records, P.O. Box 68760. 90 Physician/Medical Due to (or es e consequenca of) as attending 4ears Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 6 1 ☐ Yes 2 ☐ No 3 Probably 4 Onknown by Completed 24e. Wes en eutopsy performed? Were eutopsy findings eveileble prior to completion of cause of deeth? certificate 1 Yes 2 3 No 1 Tyes 2 No Iding Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 □Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) Medical Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigetion 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examine: On the besis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end manner steted. 29a. Certifie 29b. Signature and tipe of certifier 29c. License number 29d. Dete signed (Month, Dev. Yeer) 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) DAY 11053 31. Detection (Month, Dey, Year) APR 16 1997 32. Registrer's Signeture Registrar



IIIyaic	ian	Decedant's Nama (First, Middla, La						2. Deta of De Month	Reg. No. eath Day	Yaar	3. Tima ot Death
/Medi Exami	cal	MIKYUM 4a. Facility Nama (If not institution, given ST. AGNES HOSP	KIM va street and number) ITAL CHEST	PAI	N E.R.		b. City, Town, or BALTIM	MARCH Location of Deat ORE		1997 ity of Death	1320PM
Funerai Director		5. Social Security Number 213-94-7174 Usual Rasidance of Dacedant	Sex 7. Aga (In 1□ M 2⊠ F	yrs. last bii 56	Yrs. If Unda Months	Days	If Undar 24 Hrs Hours Min		th ay, Year)		laca (Stata or Forai) 1ry) 3.
naturel', or items 23a or 28a-f show	ctor	10a. Stata 10b. County Maryland Howard	10		ott City	y				10	0d. Insida City Limi 1 ☐ Yas 2 ☐ N
3a or 2	i Director	10e. Street and Numbar 351:7 Rhode Valley	Trail			p Coda 1042			10g. Citizan o		try?
"natursi", or items 23a	by Funeral	11. Marital Status 1 Never Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Eval Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Dates:	In U,S.		edant of Hi ecify Cuba	ispanic Origin? (: in, Mexican, Pua Specity:	Specify Yas or No rto Rican, atc.)		ace - Amarica lack, White, a	atc.
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and Mental	To	Unknown Cha 19a, intermant's Name/Ralationship (101	Maritia Addan	- /0		Ai Ahn	01 7	0 . 7	
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Department of I Important: If Ite any injury or of once.		©XBunal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification of Funeral Service Licer	(v) [N		ridge Co 22. Nama an Witzko	emete nd Addras e Fun	ery ss of Facility neral Ho	1997 mes. Inc	Dorsey.		land land 210
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State of Maryland / Department of Health and Mental Hygiene

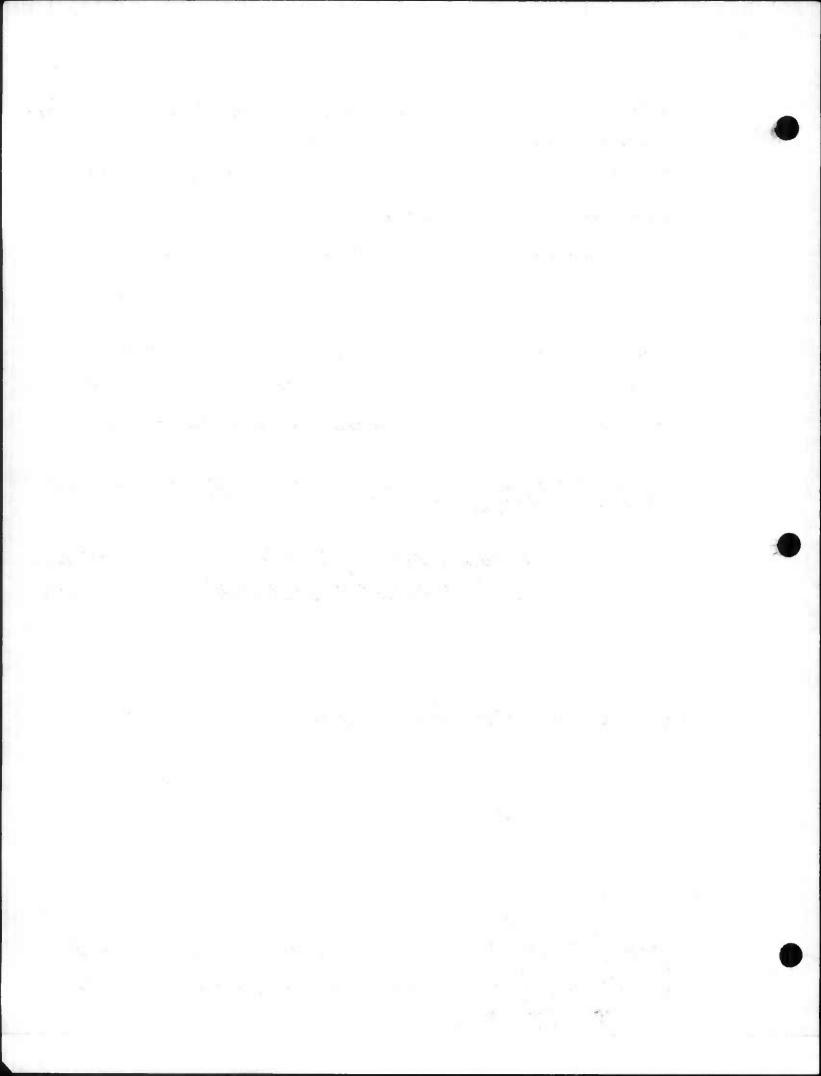
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					Cer	tificate of	f Death		Reg. No.)	11406
	. 1	1. Decedent's Nema (First, Middla	Last)					2. Date of De	eth	Vaar	3. Tima of Death
Physic /Med		ESTHER			K	LEIN		APR.	11, 19	97 ^{eer}	12:15PM
Exami		4a. Facility Name (If not Institution, DULANEY TOWSON					4b. City, Town, or TOW	TANT	DAT	y of Deeth	E
Funeral Director		052-03-4636	6. Sex 1 □ M 2 □ F	7. Aga (In yrs. le 89	est birthday) Yrs.	If Under 1 Yaa Months Day			9, 1908	9. Birthpl Coun NE	lace (Stata or Foreig try) W YORK
pu 🔉		Usual Residence of Decedant 10a. State 10b. County		10c City	Town or Loc	antion					04 (-14-05-11-1
aho	5	N = CO		Toc. City,						16	0d. fnsida City Limit 1 ☐ Yas 2 ᡚ N
he M	act o		ALTIMORE		BA	LTIMORE					41
th with t	Funeral Director	10e. Street and Number 7920 SCOTTS LE	VEL RD.			10f. Zip Coda 21208			10g. Citizen of	What Coun USA	try?
d within 72 hours efter death with the Menyland glene. If then "natural", or flems 23a or 28a-f show it then "hatural" are mer must be notified at	by	11. Marital Status 1 Never Married 2 Marrie 3 N Widowed 4 Divorced	Armed Fo	2 □ X to	If	Vas Dacedant of Yas, specify Cu ☐ Yas 2☐XN	Hispenic Orlgin? (S ban, Maxican, Puerl o Specify:	pecify Yas or No o Rican, atc.)		ca - America ck, Whita, of fy: WH	
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d 2 should th end Men 7 is marke traumatic		19e, Informant's Name/Raletionsh	p (Type, Print)		19b. Mailing	g Addrass (Strai	at and Number or Ri	ural Routa Numb	er, City or Town	, State, Zip	Coda)
		BARBARA BROWN	(DAUG.)		215	E. RIDG	ELY RD.	LUTHERVI	LLE, MD	210	93
es 1 end of Heelt f Nem 2		20a. Method of Disposition		0.00		sition (Nama of atory or other p	lacel	Data	20c. Location	- City or To	wn, Stata
permit. Peges 1 er Department of Hee Important: If Item 2 any Injury or other once.		1 Denation 2 Cremetion 4 Donetion 5 Other (Sp 21. Signature of Funeral Service L	ecify)	Siale	CH EL I	MEM. PAI	RK 4	/13/97	RANDAL	LSTOW	N, MD
Depa impo inpo		De Cleron	e de	MADO			INSON & BI ISTERSTOW			TE M	D 21208
Physician		23a. Pert1. Entar tha disaasa, or o shock, or haart faiture. List o	omplications that conly ona causa on a	eused tha death. ach line.	Do not anta	r tha moda of dy	ying, such as cardia	or raspiratory a	irrest,	DE/ H	Approximeta Intarvat Between Onset end Deeth
/Medical Examiner		Immedieta Ceusa (Final disaasa or condition	a. C	HRONIC A	ASPIRA'	TION				1	3 WEEKS
LAGIIIIICI	I.	rasulting in death)	4.	Dua to (or	es e consaqu	uance of):					
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that the de ed by the e	Physician/	Part It. Other algnificant condition	s contributing to de	ath but not rasur	ting in the un	derlying causa (gwan in Part I.		Yes 2 No		the cause of death pably 4 Unknow
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at ST TO ST	edical Co	(Check only 2 Medicat E	Phyalcfan: To tha	best of my know	ledge, deeth	occurred at tha	tima, data and ptace	, and due to the	ceuse(s) and medata and place.	enner es st	eted.
To the Hos within 24 hd To the Fun completely	Med	one)	and manr	ar stated.							
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St Regist	ate rar	31. Data filed (MA)	997	sinirar's signatu	son fork	LE					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

						Certi	ficate c	f Death		R	eg. No.	/	1433
П	Dhyoio	ion	1. Decedent's Name (First, Middle, Last	1)			1		2.	Dete of Deet	lh Dey	Yeer	3. Time of Death
	Physic /Medi		HELLEN				4276	eras	. 1	April	12	1999	9155 PM
6	Exami		4a. Fecility Neme (If not institution, give	street end number)			1	4b. City, To	wn, or Locat	on of Deeth	4c. County	of Death	/
1			Good Samaritan H	ospital				Balti	imore				
	Funeral Director		057-14-4895	7. Age	(In yrs. lest bir		If Undar 1 Ye Wonths Da		Min.	Data of Birth (Month, Dey pt.18,	Year) 1908	Country	ce (Stete or Foreign y) York
	pud.		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Local	tion					100	d. Inside City Limits
	e Manyle	Director	Maryland Baltimor	re e	Parkv							100	1 Yes 2 No
	th with th		10e. Street end Number 2305 Foster Aven	iue			10f. Zip Cod 2123			1	0g. Citizen of V	Whet Country	N
21215-0020	72 hours effer death with the Marylend natural, or items 23s or 28s-f show dical Examer must be norified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates:				of Hispanic Orluban, Mexican No Specify:		y Yes or No- an, etc.)	Blee	e-Americar ck, Whita, at v: Whit	c.
5-0	d within 72 hours piene. r than "naturel", tre Medical Ex	Completed	15. Decedant's Edu (Specify only highest grad	ication	16e.	Decader (Give kin	nt's Usuel Oc	cupetion ne during mos ired)	t of working		16b. Kind of B	usiness/Indu	stry
21	within ene. than "	nple.	Elementery/Secondary (0-12)	College (1-4or 54	-)	life. DO			or working		Commit	nicati	ion
12	Hygier ther th	S	10	0			Telet	-					.011
Maryland	d a b	To Be	17. Fether's Neme (First, Middle, Last) Joseph Neni	lus					r's Neme (F gdaler		Maiden Surnen Gir	dauska	ıs
an	d 2 should th end Men 7 is marke traumatic		19e. Informent's Neme/Reletionship (T)	(pe, Print)	19b	. Meiling	Address (Str	eet end Numbe	er or Rurel R	loute Number	, City or Town,	Stete, Zip C	ode)
	ロースト		Peter Lazaras		3	7 Fa	rragut	Drive	, Brid	ck, Nev	w Jerse	y 0872	23
Baltimore,	(1)		20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 □ F 4 ☒ Donetion 5 □ Other (Specify)		20b. Plece of cemetal		ion (Neme of tory or other p			Dete	20c. Location -	City or Town	n, Stete
Balti	permit. Pege Department o Important: If i any injury or once.		21. Signetur of Found Sarvice Licens Ronald S. Wa	de,Directo	or			dress of Fecilit atomy I e, Mary			. Balt:	imore	Street
	Physician /Medical Examiner	er.	Enter the disease, or complete the disease, or complete the disease, or complete the disease or condition resulting in deeth)	myou	he deeth. Do do.	not enter	the mode of o				est,	1	Approximate intervel Between chast end Deeth
0x 68760.	certicate be a cuted and and use es the bural-trahsit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disease or injury that initiated events rasulting in death) Lest	c	Que to (or es e due to (or as a d			" ACC	roll	me		H	alls.
Boy	deeth ce e attendi	sicia	Pert II. Other significent conditions cor	ntributing to death but	not resulting in	the unde	eriving cause	given in Pert I		23b. Did to	becco uee co	ntribute to t	he cause of death?
P.O.	that the ned by the deteche	by Physician/N	Chronic obs	truchre	Euns	P or	lseu	se			es 2 No	3 Proba	
Vital Records,	e law requires that the de hes been signed by the a ge 2 should be deteched	Completed b			0			~		24e. Wes e perform	n eutopsy med?	aveil	e eutopsy findings abla prior to pletion of cause eeth?
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>	Physician: rthis certific rral director,	ToE	examiner?	lospital:	t 2 ER/Ou	tpatient	3□ DOA	Other: 4 Nu	rsing Homa	5 ☐ Raside	ence 6 Oth	er (Snecify)	
on of	ing Ph J. After th funeral		27. Menner of Deeth 11 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey	286. 7	Time of njury	28c. Ir	njury et Vork?	280		ow Injury occur		
Division	P eft e	Certification:	3 Sulcida 6 Could not be 4 Homicide determined	28e. Place of Injurbuilding, etc.		rm, street	t, factory, office	ce	28f	Location (Si City or Town	treet end Numb n, State)	per or Rural I	Poute Number,
	To the Hospital within 24 hours of To the Funerel completely filled	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination	sicien: To the best of ner: On the basis of end manner stet	exeminetion and	, deeth or d/or inves	ccurred et the stigation, in m	time, date en y opinion, dea	d place, end th occurred	due to the cathe the time, d	ause(s) end me ate end plece,	enner es stel end due to ti	led. he ceuse(s)
	o the	Me	29b. Signatele end title of certifier	. / .			29c. Lice	ense number		2	9d. Date signe	d (Month, De	ey, Yeer)
	- > - 0		HAIN OBOL	19 MI)		Po	8800	7	1	2nil	12,19	97
,			30. Name end address of person who co	ompleted cause of the	oth (Item 23a)	Type Pri	int)	nesit	11	Kall	men	-1/1/ 2, N.	1/)
	Sta		31. Date filed (Month, Dey, Year)	C C Nogistral	's Signeture	1141	1 1/0	11/-11/	1	Jaul!	11/010		
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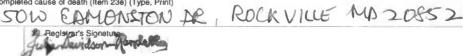
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Item26 4-16-97 FilmG746 W.H.Per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month Veer **Physician** SOPHIE LESSING APR. 10 1997 12:05 AM /Medicai 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner SUBURBAN HOSPITAL BETHESDA MONTGOMERY if Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1 □ M 2 X F Yrs Director 214-68-0351 85 APR.22,1911 MARYLAND Usuel Residence of Decedent with the Maryland 10a State 10b Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 23a-f shot traumatic event, the Medical Examiner must be notified at MD MONTGOMERY Director ROCKVILLE 1 Nes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1801 E. JEFFERSON ST., APT. 401 20852 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Haalth and Mental Hygiena. Important: if item 27 is marked other than "natural; or item any injury or other traumatic event, the Medical Evantina page. Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE þ 3√ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 3 NURSE MEDICAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) RIFKIN SAMUEL SCHER MINNIE 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CAPT. MELVIN LESSING (SON) 5225 POOKS HILL RD., APT. 1708-S BETHESDA, MD 20814 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) ANSHE NEISEN 4/11/97 ROSEDALE, MD 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. of Funeral Service Licen 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical REFRACTORY HYPOTENSION Immediate Cause (Final I DAY. diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) physician and the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPOTHYROIDISM signed b Records, þ 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 □ Yes 2 □ No Division of Vital 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) examiner? 1 es 2 No Hospitel: Other: 5 Residence 8 Other (Specify) 1 npatient 0 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: After Attending 5 Pending investigation 1 BNaturel death. 1 Yes 2 No 2 Accident by the ector: 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end piace, end due to the cause(s) end manner steted. 29e. Certifier Medical 29d. Date signed (Month, Dey, Yeer) 29b. Signature and title of certifier 29c. License number MD D 33224 APRIL 10, 1997

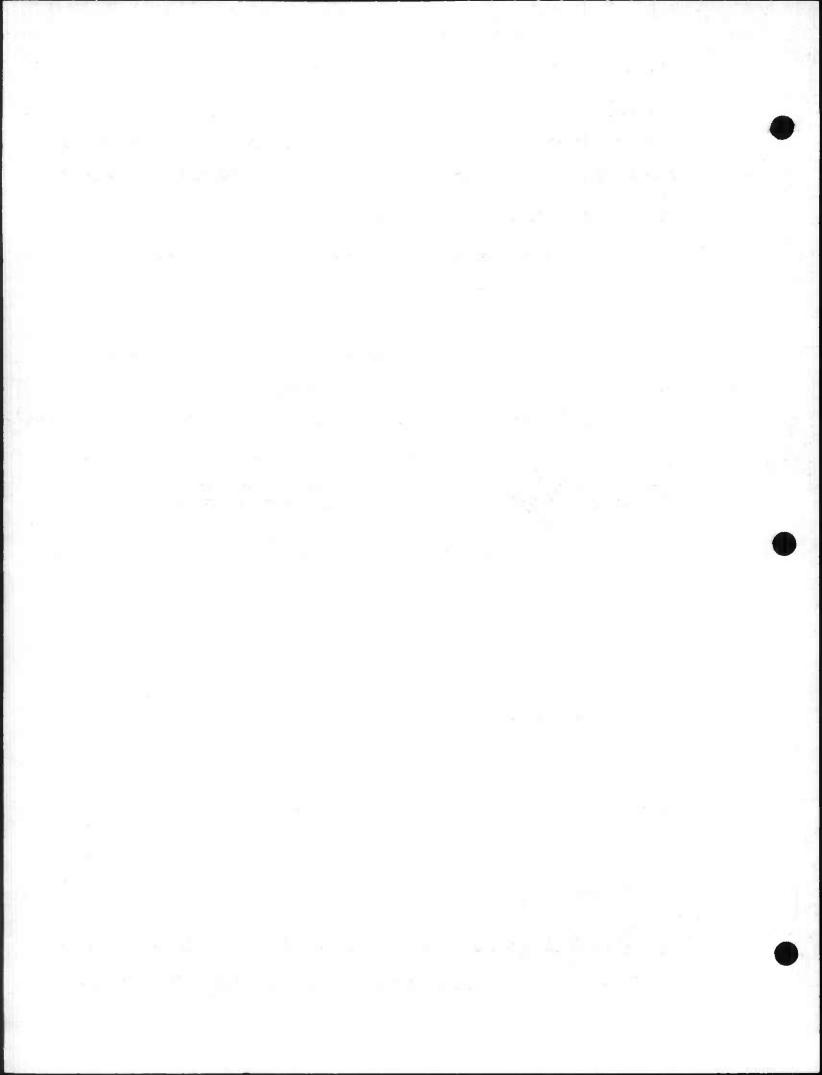
State Registrar



30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year)

APR 16 1991



State of Maryland / Department of Health and Mental Hygiene 9 7

			Certificate	e of D	Death	Re	g. No.	1	1433
ï	Physic	an	Decedent's Neme (First, Middle, Last)			2. Dete of Deeth Month		Yeer	3. Tima of Deeth
	/Medi		DAVID LEE MAULER			April 8		1001	4:00 A.M.
	Examir	ier	4e. Fecility Neme (If not institution, give street end number)	4b	o. City, Town, or Lo	cation of Deeth	4c. County of	of Deeth	
			220 Sudbrook Lane	Į	Pikesvi			imor	e
	Funeral Director		5. Social Security Number 214-26-3751 Usual Residence of Decedent	1 Yeer Deys	If Under 24 Hrs Hours Min.	8. Date of Birth (Month, Dey, Oct 15,	Year) 1930	9. Birthpl Coun Mary	lece (State or Foreign try) 1and
	dand wo		10a. Stete 10b. County 10c. City, Town or Location					10	Od. Inside City Limits
	Mary Fled	ţ	Maryland Baltimore Pikesville	D					1 ☐ Yes 2 ☒ No
	r 28s	Director	10e. Street end Number 10f. Zip (10	g. Citizen of W	het Coun	try?
	th wit		220 Sudbrook Lane	2120	08		USA		
	dea me	Funeral	11. Marital Stetus 12. Wes Decedent Ever in U,S. 13. Was Decedent Ever in U,S. Armed Forces? 14. Was Decedent Ever in U,S. 15. Was Decedent Ever in U,S. 16. Was Decedent Ever in U,S. 17. Was Decedent Ever in U,S. 18.	lent of His	spenic Origin? (Spe n, Mexican, Puerto I	cify Yes or No-			an Indian,
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			8728 Li 23a. Pau. Enter the disease, or complications that caused the death. Do not enter the mode			andal1st		D 2	21133 Approximete
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, P.O	that the add by details	by Phy	Chronic Obstructor	ک		1010	8 2□ No	3 Prob	ably 4 Unknown
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DIVIS	하하는	Certification:	3 Suicide 4 Homictde 6 Could not be determined 28e. Piece of Injury - At home, farm, street, factory, building, atc. (Specify)	, office	2	8f. Location (Stre City or Town,		r or Rurei	Route Number,
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	Sta	te	30. Nama and eddress of person who complated causa of daath (ttam 23e) (Type, Print) 31. Dete filed (13) Day year 32, Registrer's Signeture	01	out (Court	RD R	andal	Stee	NU AD 21133

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					Ce	rtificate of	f Death	,	Reg. No.	1 1	1400
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2	/Medi Exami		4a. Fecility Neme (If not Institution, gl BON S ECOUR HO	ve street and number)			4b. City, Town, or L BALTIMO			y of Death	0.000
	Funeral Director				yrs. lest birthday) 52 Yrs.	If Under 1 Yas Months Dey		8. Date of Birth Month Dep DEC. 9,	1 944	9. Birthple BALTI	ece (Steta or Foreign MORE, MD
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	th with the 23a or 28u	al Direc	10e. Street and Number 1926 RIGGS AV	ENUE		10f. Zlp Coda	21217		10g. Citizen of UNITED		•
020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Then 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified as	by Funeral Director	11. Marital Stetus Xt Never Merrled 2 Marrled 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forcas? 1 Yes 2 No If Yes, Give Yeer or Datas:		Was Decedant of If Yas, specify Cu 1 ☐ Yes 2 ☐ We	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yas or No- Rican, etc.)		ce - Americar ick, Whita, et by: BLAC	tc.
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Box 68760,	oerillicate be executed inding physician and use as the burtal-transi	n/Medical Examine	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	c	o (or as a consec	quence of):					
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Division o	r Attending her death. frector: Alte n by the fune	Certification:	27. Menner of Death 1 Veturel 5 Panding 2 Accident Investigetio 3 Suicide 6 Could not be determined	e one plane of laive.	At homa, ferm, str	M 1[Yes 2∐No	28f. Location (S City or Tow	treet and Numi		Routa Number,
_	Hospital 24 hours Funeral stely filled	edical C	29a, Cartifier 118 Certifying Ph (Chack only one) 2 Medical Exam	nysician: To the bast of my niner: On the basis of exam and menner stated.	knowledge, deeth	o occurred at the t vestigetion, in my	time, data and place, opinion, deeth occur	and due to tha c	euse(s) end ma lete end plece,	anner as stat and due to ti	led. he ceuse(s)
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_	3		30. Name and address of person who	BELIT	Itam 239) (Type,	Print 940	W. Bi	4LTS	it, B	ALT	MDU
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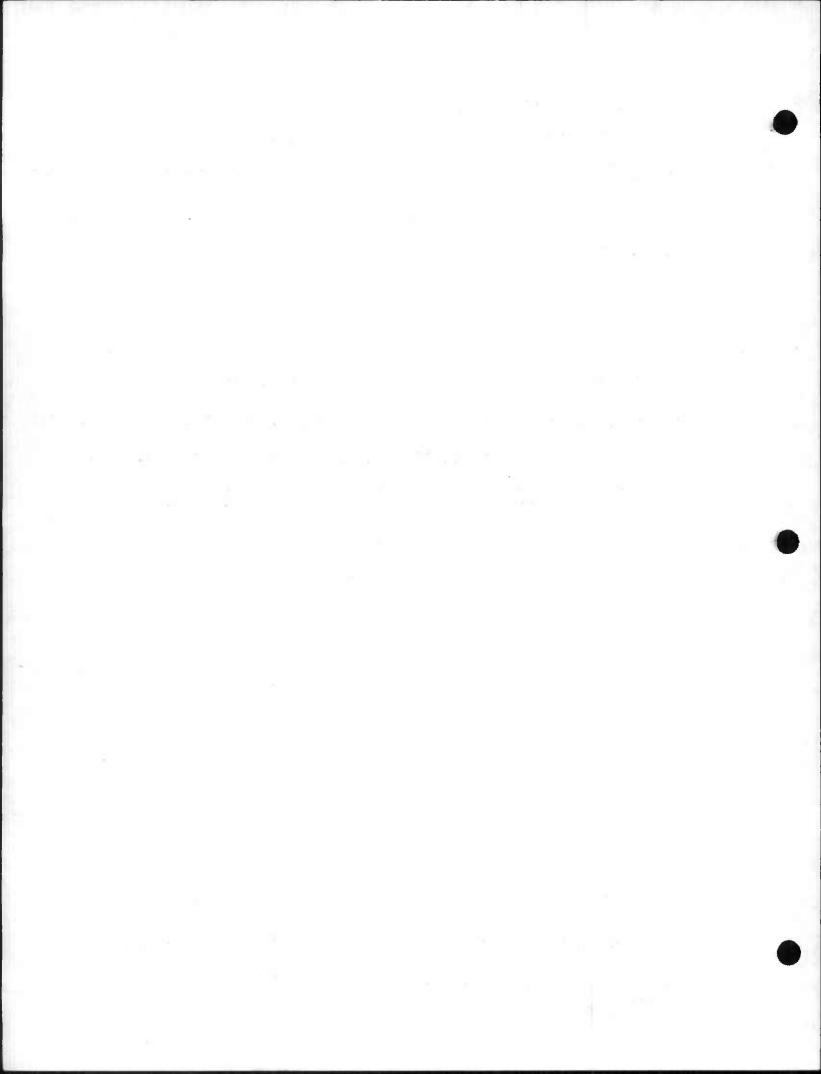
Registrar DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Item3 4-16-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2 Date of Deeth 3. Time f | th Yeer 9 7 Month **Physician** 4 MARY MABLE MILLER 12:30 M /Medicai 4e. Fecility Neme (If not institution, give street end number)
HEBREW HOME 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** ROCKVILLE MONTGOMERY 5. Sociel Security Number if Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 12-12-1900 7. Aga (In yrs. last birthday) **Funeral** Birthplece (State or Foreign Country) Months Days Hours 1 M 2 F 579-32-5305 99 Yrs Director BALTIMORE Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow Examiner must be notified at Director 1 XYas 2 No MONTGOMERY ROCKVILLE MD the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 6121 MONTROSE ROAD #41905 20852 USA items 23a Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indien, Bieck, White, atc. should be filed within 72 hours aftar nd Mental Hygiena. marked other than "natural", or ite 1 Naver Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE by 3 Widowed 4 □ Divorced Completed traumatic event, the Medical 15. Decedent's Education Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grada completed) Elementery/Secondary (0-12) College (1-4or 5+) SALES UNKNOWN 6TH permit. Pages 1 and 2 should be file Department of Heath and Mental Hy, important: if item 27 is marked other any injury or other traumatic event, other 17. Fether's Name (First, Middla, Lest) 18. Mother's Neme (First, Middla, Meiden Surname) JACOB JACOBSON ETHEL JACOBSON 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 18235 129TH AVE. SUN CITY WEST, ARZ. JERRY L. MILLER SON 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete GEORGETOWN MED SCHOOL 4-9-97 WASH. D.C. 4 Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Ligense 22. Neme end Addrass of Facility AUSTIN ROYSTER FUNERAL HOME 3821 14TH ST. N.W. WASH. DC 20011 23a. Pert1. Enter the disease, or complications that cause. The death-shock, or heart failure. List only one ceuse on each line. To not antar tha moda of dying, such es cardiec or respiretory errest, Approximete Interval Batween Onset end Deeth **Physician** /Medicai Immadiate Cause (Finel disease or condition resulting In deeth) Examiner Due to (or es e consequence of): Examine de The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest pue Due to (or es e consequence of) buriel P.O. Box 68760 attending physician for use es the burie Physician/Medical the Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed I Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed page 5 hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after daeth. Funeral Director: After this certifica Be 25. Wes cese referred to medicei exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA funeral 27. Menner of Deeth 28c. Injury at Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 4 Homicide 24 hours Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end menner steted. To the Hospi within 24 hou To the Funer completely fil 29e. Certifier Medical (Check only one) 29b. Signatura and title of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) MD Tel Montrose Ry, Pocker//e 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 0 MD, 6/05 Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar



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S DOT	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of	Whet Country	17
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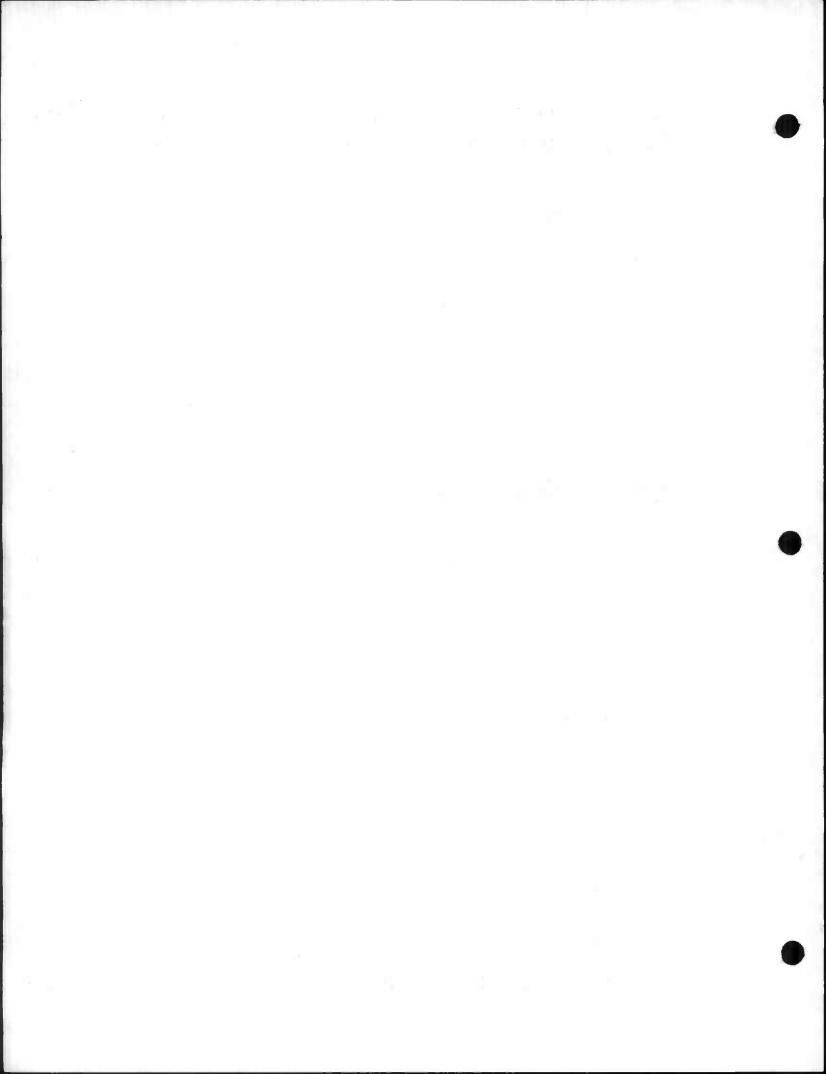
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land ow		Usual Residence of Decedent 10a. State 10b. County	10c. Ci	ty, Town or Lo	ocation				10d.	Inside City Limits
death with the Maryland ms 23s or 28s-1 show Frault be notified at	tor	Maryland N/A	Ва	ltimo	re					1 Yes 2 No
or 284	Oirec	10e. Street end Number			10f. Zip Cod	9		10g. Citizen	of What Country	?
ath w	ral	133 N. Culver S			2122			U.S.		
or ite	by Funeral Director	11. Marital Status 1 Never Married XXMarried 3 Widowed 4 Divorced	 12. Was Decedent Ever in UATmed Forces? 1 M Yes 2 □ No It Yes, Give Year or Dates: WWI 		Wes Decedent of the state of t	of Hispanic Origin? (uben, Mexicen, Pue No Specify:	Specify Yes or N rto Ricen, etc.)		Race - American Black, White, etc. ecify: Blac	
gos 1 and 2 should be filled within 72 hours at gos 1 and 2 should be filled within 72 hours at if them 27 is marked other than "naturel", or or other traumatic event, the Madical Example of the filled that the filled in the f	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	cation completed) College (1-4or 5+)	(Give		ne during most of wi ired)	orking		of Business/Indust	
Hygier ther th	Co	17. Father's Name (First, Middle, Last)		Fork	lift C	perator	me (First, Middle		Clark	Co.
d 2 should be filed th and Mental Hygis 7 Is marked other traumatic event, II	To Be	Roosevelt Martin				Annabe		s, Maideri Sur	name)	
12 sho h and r is me traum		19a. Intermant's Name/Relationship (Ty)				eet end Number or F				
1 and 2 Health em 27 l		Timothy Martin 20a. Method of Disposition	Son 206. F	Place of Dispo	sition (Name of	ver Str	Date		ore, MD	
Pages nent of nt: If Its		1 Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)			natory or other ;	Cemeter				
permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other trong.		21. Signature of Funeral Service License		MA	RSHALI	dress of Fecility W. JON	ES,JR.	FUNER	AL HOM	E, P.A.
Physician /Medical		231. Part1. Enter the disease, or complishock, or heart tailure. List only on Immediate Ceuse (Final	cations that cause, the deal e cause on each the.	th. Do not en	er the mode of o	dylng, such es cerdie	ac or respiratory	arrest,	Ap	proximete ervel Between eset and Death
Examiner		disease or condition resulting in death)		or as a conse					ov	ie week
resit	Examiner	_ b	aspiro	tim					on	e week
	edical Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	cerebi	OVASCI or es e consec	ular acc	ident			10	months.
40 50 00	400	d								
tat the did by the detached	by Physician/N	Pert II. Other algoriticant conditions conditions	ributing to death but not res	uiting In the u	nderlying ceuse	given in Part I.		Yes 2 N		e cause of death?
iaw requires has been sign pe 2 should be	Completed	OI -						s an eutopsy ormed?	avaiial	autopsy findings ble prior to etion of cause th?
							10	Yes 2	0 1□ Y	es 21 No
A STATE	o Be	25. Was cese referred to medical examiner? 1 ☐ Yes 2 ☐ No	ospitat:	15515		Other	eth (Check only			
And a least of	-	27. Menner of Déath 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time o Injury	28c. Ir	4 Hursing	Home 5 Res 28d. Describe			
and a Atte	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specification)	ome, tarm, str	eet, tactory, offic	ce	28f. Location City or To	(Street and No own, State)	um <i>ber or Rural Re</i>	oute Number,
2.3 章田	edical C	29a. Certifier (Check only one)	clan: To the best of my knoer: On the basis of examina and manner stated.	wtedge, deati	n occurred at the vestigetion, in m	time, date and plac y opinion, death occ	e, and due to the urred at the time	cause(s) and , date and pla	I manner as state ce, end due to the	d. e ceuse(s)
Vibra Hos Wibra 24 h To the Fur completely	Me	29b. Signature end title of certifier			29c. Lice	ense number		29d. Date sig	gned (Month, Day	, Year)
1 1		10 Name of 11	^	- 00+) (T	D	37464		April	15, 199.	7
b		30. Name and address of person who con	npieted cause of death (trem D. 3421 f	Senson	Avenue	Snite 2	30 B	More	400	21227

State Registrar

APR 1 6 1997

32. Registrer's Signature



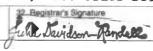
4/16/97

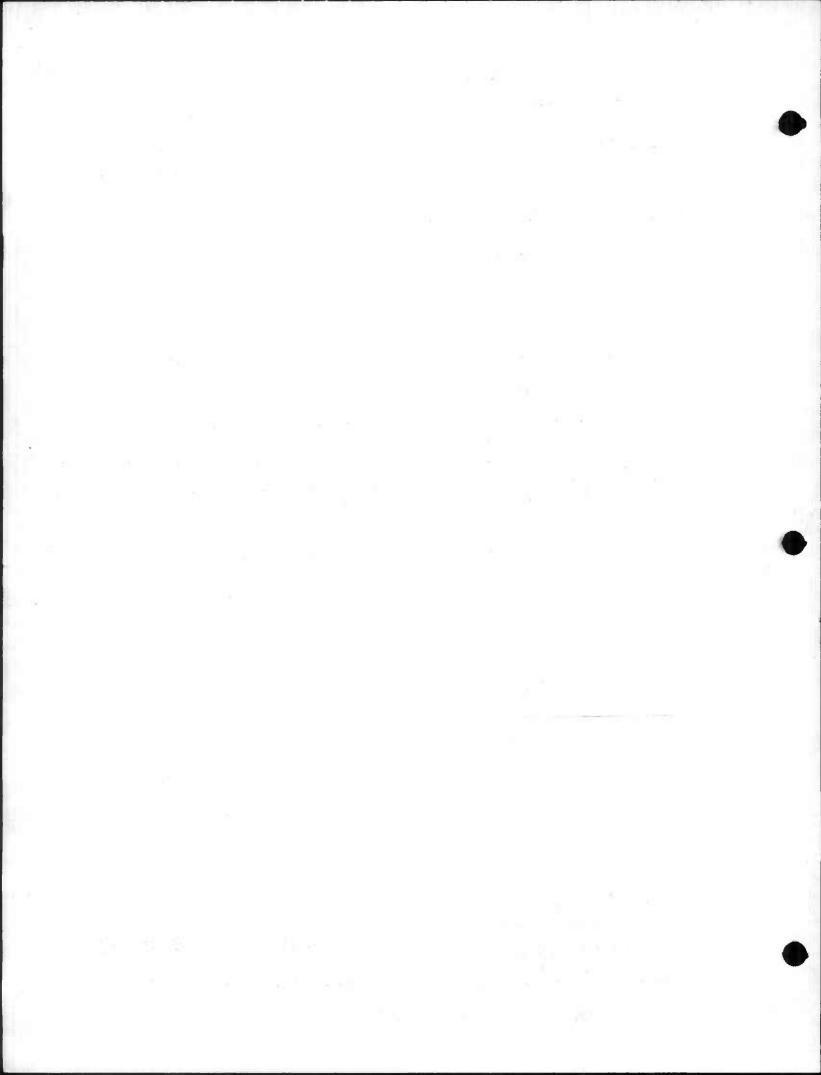
State of Maryland / Department of Health and Mental Hygiene

			ITEM#23a PRT II PER PHYS FL	M#G746 4JIA.Ce	ertificate of	Death		Rag. No.	9/	11440
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) Alberta Remmel McCo				2. Dete of De Month	Day	Yeer	3. Time of Death 8:58 AM
į	Exami		4e. Fecility Name (If not institution, give street end numb	per)		4b. City, Town, or I	Location of Deeth	4c. County	of Deeth	-0.50 AL
		Ш	13719 Killarney Court	<u> </u>		Phoen		BAL	TIMORE	3
l	Funeral Director		5. Sociel Security Number 6. Sex 7. 215 07 3378 1 M 2 F X	Age (In yrs. lest birthday 90 Yrs.	Months Deys		(Month, De	h y, Year) 2, 1907		ece (Stete or Foreign ry) ARYLAND
	and and		10a. State 10b. County	10c. City, Town or L	ocation				10	d. Inside City Limits
	Mary 1 sh	ō	MARYLAND BALTIMORE	PHOENI	X					1 ☐ Yes 2 ☐ No
	r 28a	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of	Whet Count	41
	h with		13719 Killarney Court		21131			USA		
020	n 72 hours after death with the Maryland *naturel", or items 23a or 28a-f show edical Exacuter must be notified at	by Funeral	11. Maritel Stetus 12. Wes Deceded Armed Force 1 Never Merried 2 Married 1 Yes, Give 3 Widowed 4 Divorced Year or Details	ent Ever in U,S. 13. es? XNo		Hispanic Origin? (Span, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Rad	ce - America ck, White, e y: WH	
1215-0020		Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4	(Give	edent's Usuel Occu e kind of work done DO NOT use retire	petion o during most of world ad)	king	16b. Kind of B	usiness/Ind	ustry
N	filed within Hygiene. rther than *	Con	12 n/a		omemaker			Own Ho	ome -	
and	a la b	Be	17. Fether's Neme (First, Middle, Last)			18. Mother's Nen	ne (First, Middle,	Maiden Surnan	ne)	
2	should nd Men marke umatic	10	John A. Remmel				C. Prell			
Z Z	d2 sho th and I 7 is me traume		19e. Informent's Neme/Relationship (Type, Print) Dr. J. Glenn McComas/So			t end Number or Ru				
e e	f Haal fem 2 other		20e. Method of Disposition	20b. Place of Disp	osition (Neme of	man Neck	Dete Que	enstowr 20c. Location		
nor			1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Ste	complete are	metory or other ple		10 Apr.			
altim	그는무증	7	21. Signature of Funeral Service Licensee		2. Name and Addr		1997	Pikesv	ille,	MD
ñ	Departiment Important	1	Lowell M. Lemmon			ineral Ho	me of Du	laney V	alley	. Inc.
	Physician /Medical Examiner)	Immediate Ceuse (Finel disease or complications that cau shook, or news failure. List only one ceuse on each list on each list only one ceuse on each list on each list on each list on each list on e	sed the death. Do not en h line. Usclervic Co	erdio Vasc		or respiratory ar	rest,		Approximete Interval Between Onset end Deeth Jean
-	D is	iner								
Ď,	ntificate be executed ng physician and as the burial-transit	I Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury c.	Due to (or es e conse	quence of):					
09/90	certificate be nding physicia se as the bur	Medical	thet initieted events resulting in deeth) Lest	Due to (or es e consec	quence of):				1	
POX	h certi anding r use 8		d							
	Physician: The law requires that the death ce this certificate has been signed by the attandi ral director, page 2 should be detached for use	Physician/	Pert II. Other significant conditions contributing to death	h but not resulting in the u	underlying cause gi	ven in Part I.		obacco uss co /es 2 No	ntribute to	the cause of death?
ecords,	The law requiras that the ate has been signed by the page 2 should be detach	ted by	The table of the factor of the				24a. Was	en eutopsy med?		re eutopsy findings llable prior to
200	law re as be	Completed					perior	ined i	com	pletion of cause eeth?
	cate h						1 🗆 Y	es 2 No	10	Yes 2□ No
Alla	de la la la la la la la la la la la la la	Be	25. Wes case referred to medical exeminer?		Ot	hor	th (Check only or			
	To the Hospital or Attending Physician: The I within 24 Hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	ation: To	27. Menner of Deeth 1 Neurel 5 Pending (Month, large) 2 Accident Investigation		28c. Inju	4 La tratoling i	ome 5 d Resid 28d. Describe h	ence 6 □Oth ow injury occur		
	s after des	Certification:	3 Suicide 6 Could not be determined 28e. Piece of building,	Injury - At home, ferm, streetc. (Specify)	reet, factory, office		28f. Location (S City or Tow		per or Rurel	Route Number,
	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check any 2 Medical Existence: On the basis end manner	of examinetion end/or in	h occurred et the ti vestigation, in my	me, date end plece, opinion, deeth occur	end due to the orred et the time, o	euse(s) end ma lete end place,	anner es sta end due to	ited. the ceuse(s)
	To the Community	Σ	298. Signature and title of desirier		29c. Licen		2	29d. Date signe		Te a series
			I for the			17041		9 AF	R97	
	The same		30. Name end eddress toersod who contributed cause of Marc I. Leavey, M.D.,			te 315, T	owson, l	4D 2120	4	

Registrar

APR 16 1997





97-1706-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Healt Items: 23 part I,II,27,28a-f per MEO G-746 4/24 Certificate of Dea	th and Mental Hygiene 97	1144
1. Decedant's Name (First, Middla, Last)	2. Data of Deeth Month Day Year	3. Tima of De

Physic /Medica Examiner

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Example must be notified at once.

Baltlmore, Maryland 21215-0020

Physician /Medical Examiner

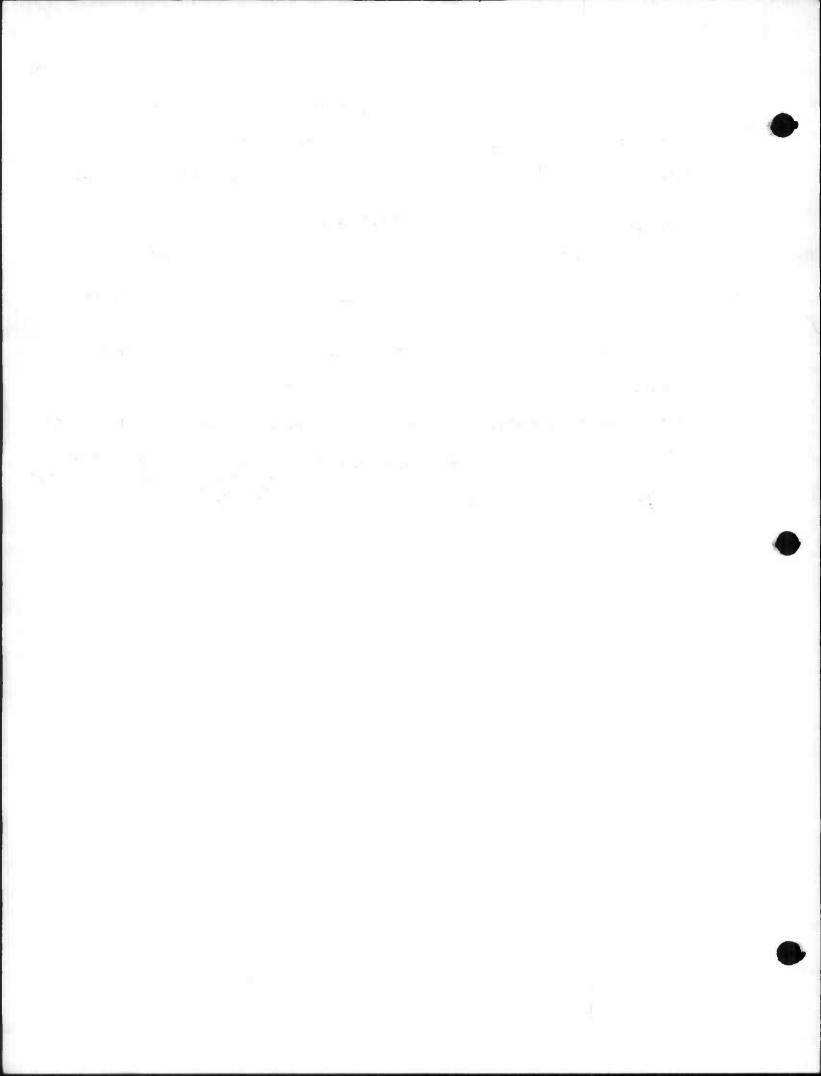
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use es the burial-transit Division of Vital Records, P.O. Box 68760,

1. Decedant's Nam										Reg. No.			
	e (First, Middle	a, Last)							2. Data of De Month	eth Day	Yaar	3. Tima of	Deeth
HILARY					MA	THE	WS		APRIL		1997	7:31	P.
4a. Facility Neme (f not institution	, giva street and n	umber)			4	b. City, To	wn, or L	ocation of Death	4c. Count	y of Death		
512 POP	LAR GI	ROVE ST	REET				BALT	'IMO	RE	N/A	P		
5. Social Sacurity N	lumber	6. Sex	7. Aga (In yr	s. last birthday	If Unde Months	r 1 Yaer Deys	If Under Hours	24 Hrs. Min.	8. Date of Birl (Month, Da	h	9. Birthp	olaca (State o	Foraig
219-38-49	76	1 M 2□ F		55 Yrs.	WORKIS	Days	Tiodis	IVIII).	JAN. 23		MAR	YLAND	
Usuel Residance of	Decedant												
10e. Steta	10b. County		10c. 0	City, Town or L	ocation						1	10d. Insida Cit	
MARYLAND	N/A	1		BALTI	MORE	CITY						XXYes	2 🗆 N
10e. Street end Nur	mber				10f. Zip	Coda				10g. Citizan of	Whet Cour	ntry?	
512 Po	pular G	Grove Str	eet			2121	6			U.S	. A.		
11. Marital Stetus			cedant Evar in	U,S. 13.	Was Dace	dant of H	spanic Orl	gin? (Sp	ecify Yas or No	14. Ra	ce - Americ		
1 Naver Merri	iad 2 Marri		2 No					i, Puano	Rican, atc.)	Bla	ick, Whita,	atc.	
3 Widowed	4 X ivorced	Yaar or	Datas:		1 🗆 Yas	XIX NO	Specify:			Speci	by: BL	ACK	
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		t grada complatad	(1-4or 5+)	lifa.	dant's Usu kind of wo DO NOT u	ork dona d Isa ratired	<i>luring</i> mos ')	t ot work	ing				
12th gra	de	Conoga	(1.40.01)	Car	Manuf	acte	r			Gene	ral M	otors	
17. Fathar's Nama	(First, Middla, I	Last)					18. Motha	r's Nam	a (First, Middla,	Maidan Suma	ma)		
William	Matthe	ews					Bea	tric	ce Minor	2			
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Valarie	Matthew	s /Daught	or						Baltimo				16
20a. Mathod of Disp		13/ Daugire		Place of Dispe	osition (Na	ma of		iue,	Data	20c. Location			10
		3 □Ramoval from		cematary, cra				1.	1 1 7 0 7				NID.
4 ☐ Donation 21. Signature of Fu			K.	ing Mem					1-17-97				
21. Signature of Fu	narai Service L	Licensae)	2	2. Nama ar	nd Addras	s of Facilit		LIAM C.			UNITY	r/H
Ma	~ (J. (ose						06 W. NO		FNUE		
23a. Part1. Entar the shock, or heer	rt feilure. List	only ona couse on	eech lina.	atii. Do not an	tar trio riiot	da or dylin	y, such as	Cardiac	or raspiratory at	rest,	1	Approximate Intervel Betw Onset end D	/een
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causa. Entar Unda	rlying												
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that initiated events		c	Dua to										
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that initiated events	ast	d		sulting in the u	ınderlying d	eusa giva	ın in Pert I		23b. Dld 1	obecco usa co	ontribute to) the cause o	death
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DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#10E PER F.H. 4/16/97 FLM#G746 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth APRIL ZACHARY 02:40 MEENAN 1997 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 9. Birthplece (Ountry) 9. Birthplece (If Under 1 Year 7. Age (In yrs. last birthday) 5. Sociel Security Number Birthplece (State or Foreign Country) Months Days 1 1 M 2 □ F 219-47-8529 Usual Residence of Decedent 10e State 10b County 10c. City. Town or Location 10d. Inside City Limits Maryland Howard 1 ☐ Yes 21 No Ellicott City 10e. Street end Number 4905 10f. Zip Code 10g. Citizen of Whet Country? 4906 Applegarth Court 21043 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus Bleck, White, etc. 1 ☐ Yes 2000 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 Yes 2 XNo Specify Specify: 3 Widowed 4 Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N/A N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Robert D. Meehan, Jr. Patricia Bianco 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Robert D. Meehan, Jr. (Father) 4905 Applegarth Court Ellicott City, Maryland 21043 20b. Place of Disposition (Neme of cemetery, cremetory or other place) April 20c. Location - City or Town, Stete 20a. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Good Shepherd Cemetery 18,1997 Ellicott City, Maryland 21. Signature of Puperal Service Licenses 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset end Death Immediate Cause (Final LIVER FAILIURE 6 months diseese or condition resulting in death) Due to (or es e consequence of): POST LIVER TRANSPLANT Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Piece of Death (Check only one) 1 Yes 2 No 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

Examir that the death certificate be executed buriel-trensit pue Box 68760. the 98 o ۵. Spords ō 를 Ph Division

Physician/Medical 2

Physician

/Medical

Examiner

Funeral

Director

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"naturel", or items 23s or 28s-f shordical Exprisiner must be notified at

The Medical

al Hygiene.

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Department of Health and Mental Hy
Important: If Item 27 Is marked oth
eny Injury or other traumetic event

Physician /Medical

Examiner

Funeral Director

Be Completed by

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filed within 72 hours efter

21215-0020

Baltimore, Maryland

efter death.

þ Completed Be 2 Certification: Medical

or Attending 24 hours Hospitai To the Hosp within 24 ho To the Fune completely fi

> State Registrar

5

29b. Signature end title of certifie 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

6 Could not be determined

29c. License number

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

2 Medicel Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. 29d. Date signed (Month, Dey, Yeer)

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

April 12, 1997.

PATRICK DILLON THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD

🕊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

RES-000

31. Dete filed (Month, Day, Year) APR 16 1997

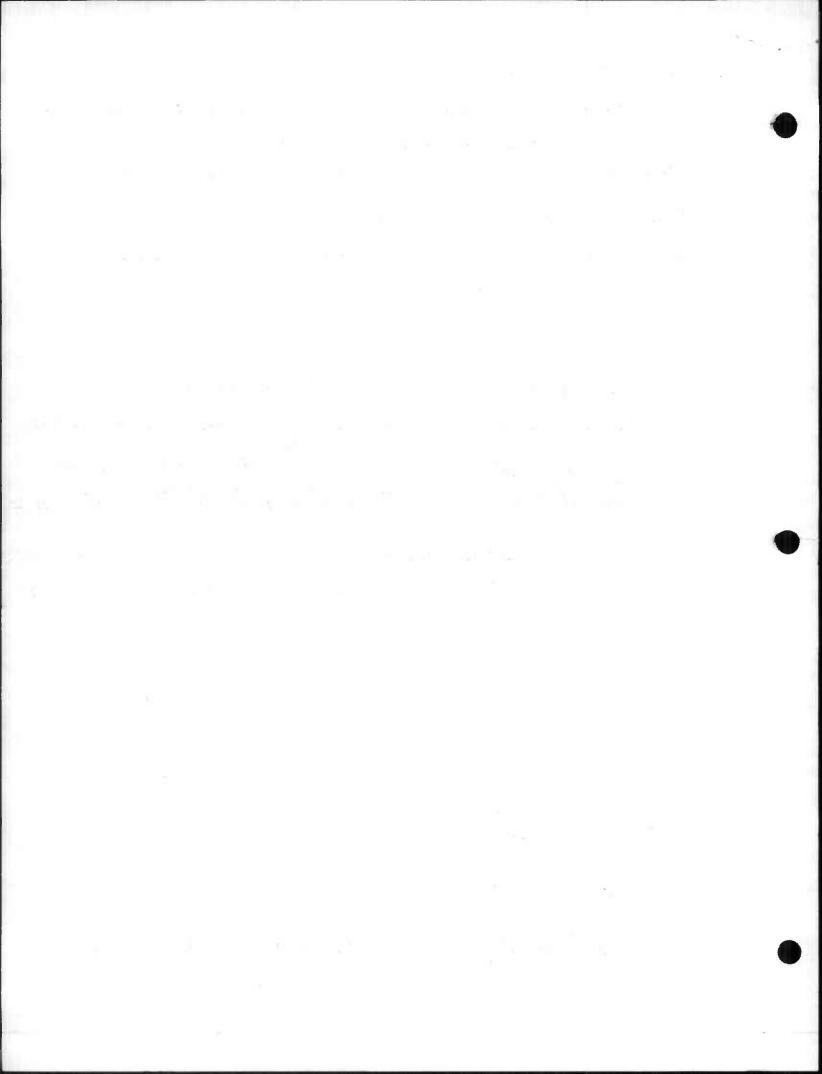
3 ☐ Suicide

29a. Certifier

4 - Homicide

(Check only one)

32 Registrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1443 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month L OHNMEISS MARY 1200AM Year 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Johns Hopkins Bayview Baltimore n/a Hours Min. 8. Date of Birth (Month, Day, Year) 5-30-1904 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Deys 1 M 25 F 219-10-0288 92 Maryland Usual Residence of Decedent 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits n/a **Baltimore** 1DXYes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7909 Wynbrook Road 21224 USA Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Status 12. Was Decedent Ever In U.S. Armed Forces? 14. Race - American Indian Black White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No 1 ☐ Yes 2 No Specify: White 3 XWidowed 4 □ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Haussner's Rest. Barmaid & Waitress 6th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William A. Dick Sarah Porter 19a. Informant's Name/Relationship (Type, Print) Daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rose D. Hebner 7909 Wynbrook Road Baltimore, Md. 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 → Burial 2 □ Cremetlon 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 4/15/97 Baltimore, Maryland Oaklawn Cemetery 22. Name and Address of Facility Joseph N. Zannino Jr. Funeral Hm. 263 S. Conkling St. Baltimore, Maryland 21224 esiph n annino to complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, and only one cause on each line. Approximate Interval Between Onset end Death MYOCARDIAL INFARCTION Immediate Cause (Finel disease or condition resulting In death) 10 DAYS Due to (or as a consequence of): JEINARY TRACT INFERTION 11/AD 01 Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): 1000449 GASTROINTESTINAL BREED Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ALZHEIMERS TYPE DEMENTIA 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of death? HYPERTENSIAN 24e. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1. Neturel

Examiner burial-trensi physician a P.O. Box 68760, thet the death certificeta be á signed b ecords. Deen

Physician

/Medicai

Examiner

MD

Funeral

Director

ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

traumatic event,

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death

of Hygiena. other than "natural", or ite

12 should be fi h end Mentel F is marked ott

permit. Pages 1 end 2 st Department of Health end Important: If Item 27 is in any Injury or other traun

Physician

/Medical

Examiner

Baltimore,

Physician/Medical Š Completed Be 9 Certification:

ector: after To the Hospital o within 24 hours all To the Funeral Di completely lilled in

Division

State Registrar MM

6 Could not be

29c. License number P80+86

1 ☐ Yes 2 ☐ No

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) JOHNS HOPKING GERCHTERS CTR RRUCE LEFF

BARTIMORE MO 21224

28f. Location (Street and Number or Rural Route Number, City or Town, State)

31. Dete filed (Month, Day, Year)

29b. Signature and fitte of certifier

2 Accident

3 Suicide

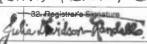
29a. Certifier

Medical

4 Homicide

(Check only one)

APR 16 1997



28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

. ---3.1 recall a fig.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 4 4 Certificate of Death ITEM#5 PER F.H. FLM#G746 4/22/97 J.A. 1. Decedeni's Neme (First, Middle, Last) 2. Dele of Deeth 3. Time of Death APRIL 1997 9:15 A.M HLOYSIUS 14 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth If Under 1 Year If Under 24 Hrs. MARFORD 2303 LIADES OVAT 5. Sociel Security Number 6412 6. Sex 150 M 2□ F 9. Birthplece (State or Foreign Country)

ARYLAND 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Months Deys Hours Yrs. OCT. 26, 1912 10a. Slete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MARFORL JARRETTSVILLS MARYLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? S.A our 21084 2303 11. Marital Status 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece Rece - American Indian, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Yes 2 No Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Etementery/Secondary (0-12) Cotlege (1-4or 5+) PYRS SILF IMP OWNER SIBRE IQUOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ATHERINZ GALLAGHER WILLIAM 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21084 19a. Informent's Neme/Reletionship (Type, Print) PALC 2303 KIL JARRETTSVILLE Jorgis MARYLAND 20b. Piace of Disposition (Name of cemetery, cremetery or other place) 20e. Method of Disposition 20c. Location - City or Town, Slate APRIL 1 Bunial 2 ☐ Cremetion 3 ☐ Removel from State FALLSTON, 10 1997 4 ☐ Donetion 5 ☐ Other (Specify) WISTYHOTH 1 EMORIAL 22. Name end Addre 21. Signature of Funeral Service ss of Fecility EVANS YORK ROAD 2325 war limoniur 23a. Pert1. Enter the disease, or complications that can sed the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one ceuse of each line. Approximete Intervel Between Onset end Deeth Immediete Cause (Finet Tailney COMCRETINE disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that inilieled events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Pert II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 | Yes 2 | No 3 Probably 4 Unknown 24e. Wes en eutopsy periormed? 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) examiner? Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of

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7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haalth and Mentel Hygiena. Important: If item 27 is marked other than "natural", or then any injury or other traumatic event, the Mentels once.

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with

1 Netural

5 Pending investigation 2 Accident 6 Could not be 3 ☐ Suicide 4 Homicide

28e. Dete of Injury (Month, Day Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

TS Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner steted.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only one) 29b. Signeture end title of certifier

29a. Certifier

29c. License number

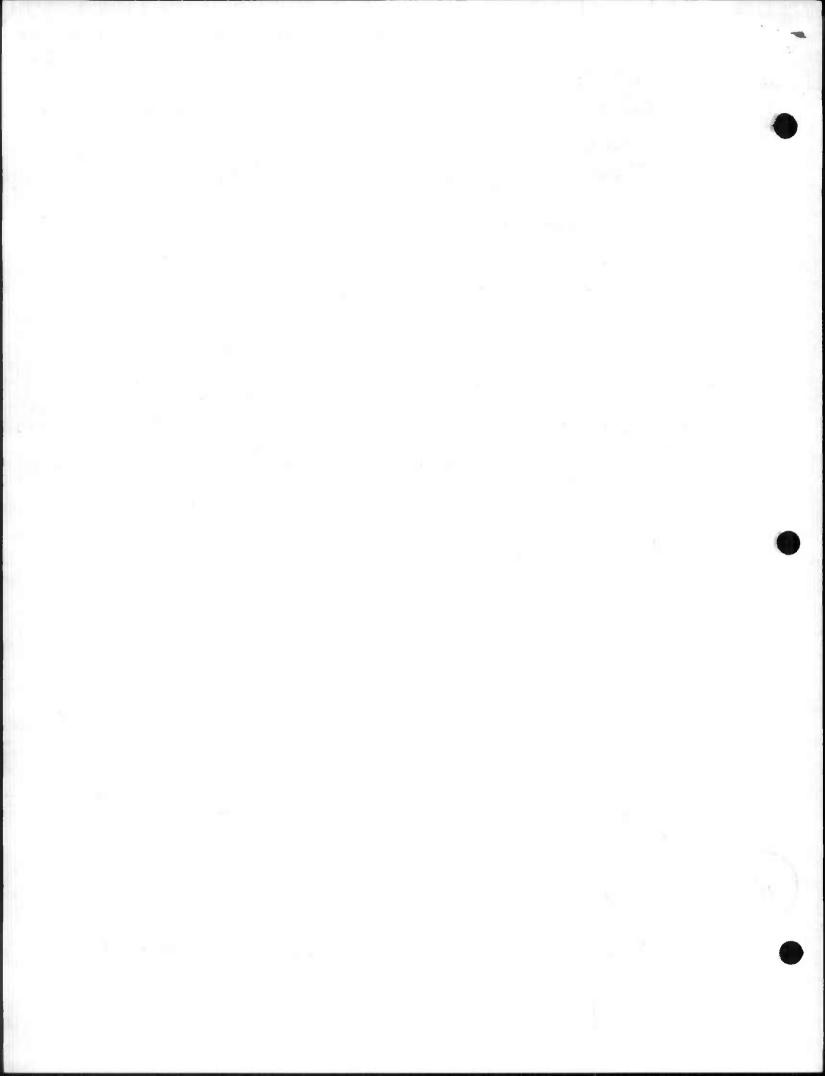
29d. Date signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) SCHILLING RD HUNTVALLEY

Dominick J. MEmoli MO 31. Date filed (Month, Day, Yeer) APR 16 1997

Registrar's Signeture

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month 19NaN 4e. Fecility Name (II not Institution, give street and number) 4b. City, Town, or Location of Death HPalth OSECIAL Under 24 Hrs. are ervices DaiHMORD 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Birthplece (State or Foreign Country) 12 M 2 F R 216-03-Yrs. 7061 Lept 26, 1915 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland K 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21234 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 11. Maritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Married Specify: White 1☐ Yes 2☑No Specify: 3 Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry General Motors Elementary/Secondery (0-12) College (1-4or 5+) YRS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) VINCENSO PULIGNANI 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mar 610 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Locetion - City or Town, Stete 1 Buriel 2 □ Cremation 3 □ Removel from State Gardens of Faith 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funeral Service Licensee Chapel of 21234 8800 Hartord 23a. Pert1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) off Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuee of deeth? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Tyes 20 No

Physician /Medical Examiner

attending physician end for use as the buriel-tran

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The law requires thet the death certificete be executed

Box 68760.

P.O.

Records,

Sivision of Vital

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funerai

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Completed

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2

item 27 is marked other then "natural", or items 28a or 28a-f show other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed.
Department of Health and Mentel Hygic important: If Item 27 is marked other any Injury or other traumatic svent.

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death

hours after

altimore, Maryland 21215-0020

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical þ Completed

28. Place of Death (Check only one)

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth

5 Pending investigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 3™ Nursing Home 5 □ Residenca 8 □ Other (Specify) 28c. Injury et Work?

28d. Describe how injury occurred

29a. Certifier (Check only one)

1 Naturel

2 Accident

3 ☐ Suicide

4 Homicide

Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner stated.

29b. Signature end title of

1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

10 30 Name end address of

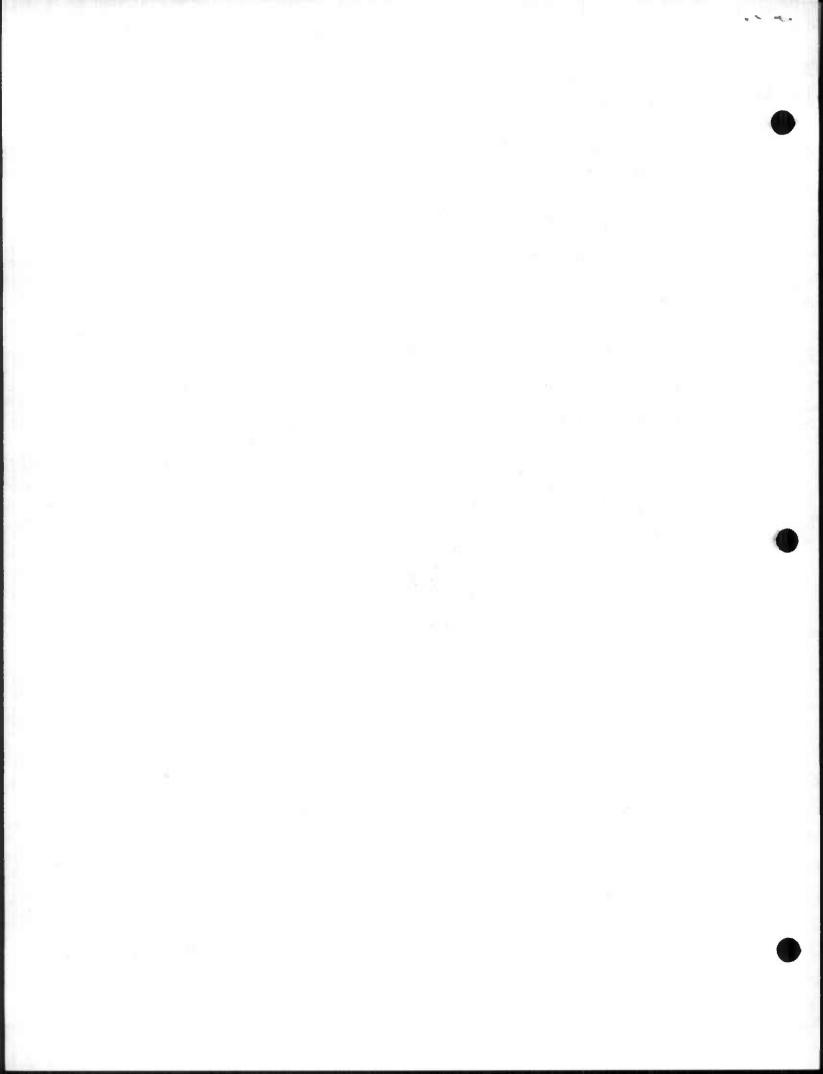
> 31. Dete filed (Month, Day, Year) APR 16 1997

AKKAO 32. Registrer's Signeture

eclia Davidson

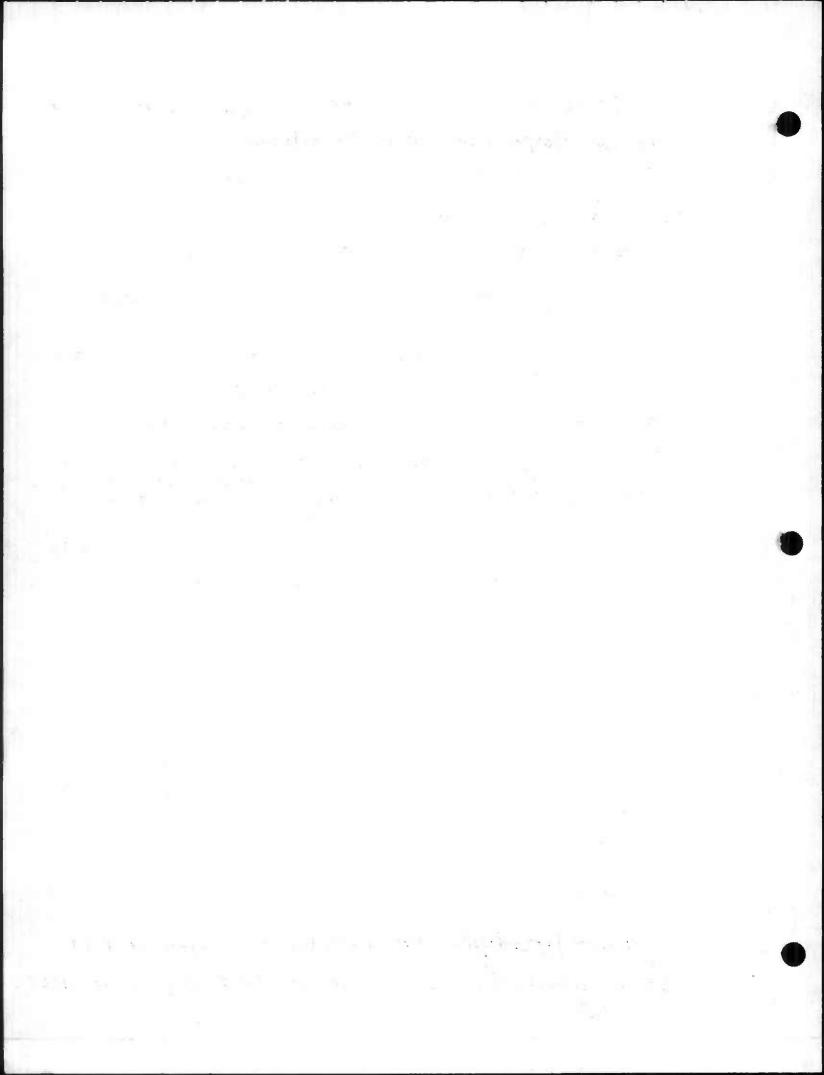
23a) (Type, Print)

State Registrar



State of Maryland / Department of Health and Mental Hygiene

					Ce	ertificat	e of	Death			Reg. No.		
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ital Hygiene. d other than "natural", or itema 23a or 28a-1 show event, tra Medical Examinar must be notified at		2502 Terra Firm	a Road			212					U.S.A.	i what Coun	itry r
2 4	Funeral	11. Marital Status	7	ecedent Ever In	U.S. 13			tisnanic Or	inin? /Sne	cify Yes or N		aca - Americ	an Indian
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al', o	þ	3 ☑ Widowed 4 ☐ Divorced	if Yes, C Year or	Sive Dates:		1 ☐ Yes	No	Specify:	:		Spec	ily:Blac	k
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th and Mer 7 is marke traumatic		19e. Informant's Name/Relations	nip (Type, Print) f	riend	19b. Mai	ling Address	(Street	end Numb	er or Rura	I Route Numi	per, City or Tow	m, State, Zip	Code)
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Department of He Important: If Item any injury or othe pnce.		21. Signature of Funeral Service I	icensee	1	-	2. Name an				^	uneral		
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State of Maryland / Department of Health and Mental Hygiene

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					(Certificate	of D	eath		Reg. No).			
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Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

Funeral Director

28a-f show "natural", or items 23s or 28s-f sh bolical Examiner must be notified

d 2 should be filed within 72 hours efter with end Mental Hygiena.
77 is marked other than "natural", or he traumatic event, the Moores Exercise. . Pages 1 and 2 should be fill timent of Health end Mental Hant: If Item 27 is marked oth jury or other traumatic even Important: If its any injury or o once. permit. Page Department of

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

requires that the death certificate be executed bunal-transit pug P.O. Box 68760. the for use as gned by the of Vital Records, The law page 2 報 Athar vision ctor

1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death APRIL SUZANNE PLATE 1997 7:14 PM 4a. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth SHOCK TRAUMA BALTIMORE N/A If Undar 1 Year If Undar 24 Hrs.
Months Deys Hours Min. 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Hours 1 □ M 2 1 F 212-04-2084 Yrs 29 June 21,1967 Maryland Usual Rasidance of Dacedent 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yas 2 ☑ No Maryland Baltimore Catonsville 10e. Straat end Number 10f. Zip Coda 10g. Citizan of Whet Country? 5 Maple Drive 21228 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Race - Amarican Indien, Black, White, atc. 1 Naver Married 2 Married 1 ☐ Yas 2 ∑No If Yas, Give Yaar or Datas: by Specify: 3 ☐ Widowad 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Data Input Clerk Columbia Staffing Service 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) Be E. Lee Plate Janet Frazier 19e. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) Janet Logue (Mother 5 Maple Drive Catonsville, Maryland 21228 20b. Place of Disposition (Nema of cematary, cramatory or other place) April 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) St. John's Cemetery 19,1997 Ellicott City, Maryland 21. Signatura of Funarel Sarvica Licensaa 22. Nama and Address of Facility Witzke Funeral Home of Catonsville, Inc. Jk. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Causa (Final Noch disaasa or condition rasulting in daath) Dua to (or a consequence of): Examiner Saquantially list conditions, if eny, leading to Immadiata causa. Enter Underlying Causa (Diseasa or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown ð Completed 24b. Wara autopsy findings availabla prior to completion of cause of death? 24a. Was en eutopsy performed? 2□ No Be 25. Was casa rafarrad to medical 26. Placa of Death (Chack only ona) Hospital: 1 ☐ Inpatiant 2 🂢 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 □ No Certification: To 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Sc 1 Natural 5 Panding invastigation Injury 1808 1 Yas 3 ☐ Suicide 6 Could not be detarmined Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida Elliott mills et roadwa Maint Ide Drive Howard Country

1 Certifying Phyalcian: To the bast of my knowledge, death occurred et the time, data and plece, end due to the cause(s) and manner as stated Medical Exeminar: On the basts of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) for manner stated.

O.C.M.E.

29d. Data signed (Month, Day, Year)

APRIL 15, 1997

29c. Licansa number

State Registrar

Medical

29a. Cartifiar (Check only one)

Theodore King M.D.

29b. Signature end title of certifian

111 Penn Street, Baltimore, Maryland 21201 32 Begistrar's Signatura

30. Neme and address of person who completed causa of ceath (Item 23e) (Typa, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene

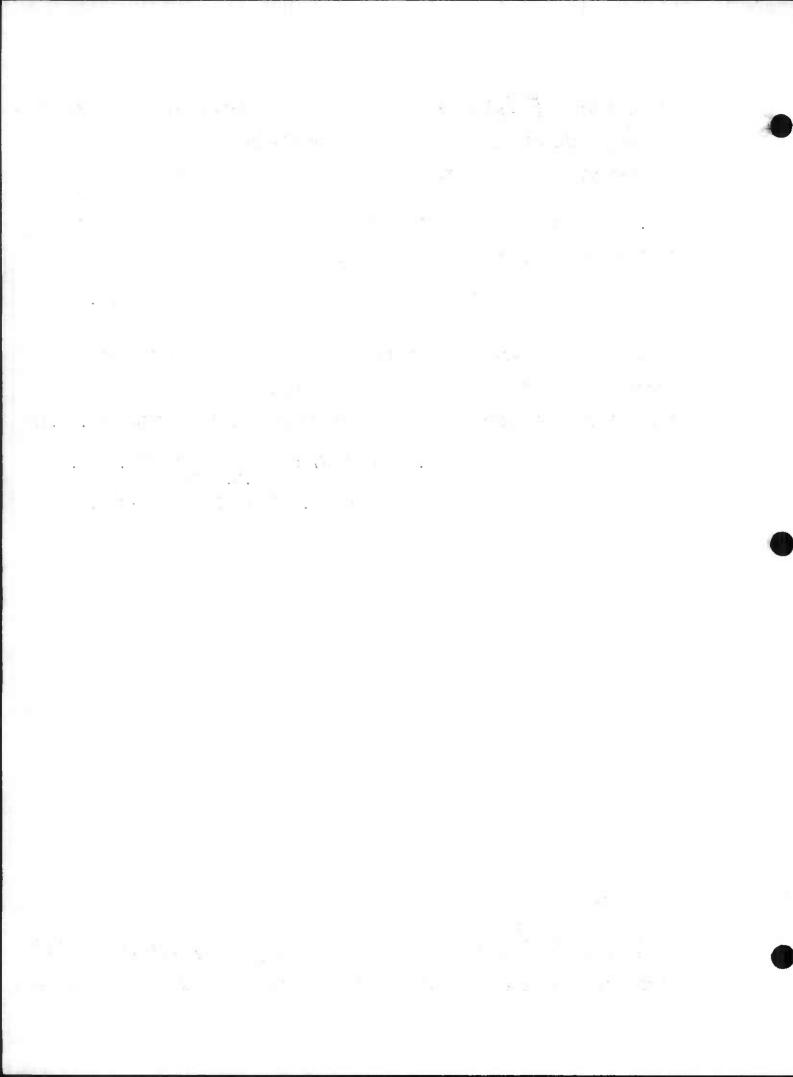
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Registrar APR 16 1997 Julia Dividron Randall		Sta	te	31. Date filed (Month, Day, Year)		er's Signatu		,				•	•		

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

7 11450

					Cen	ilicate of	Death		Reg. No.		
	Physic /Medi	cal	1. Decedant's Name (First, Middle, Last) ARVIN E	QUEEN	U			2. Data of De	Dex +	1997 16	a of Death 3.30AI
	Exami Funeral Director	ner	4a. Facility Name (If not Institution, give streat LIBERTY MEDICAL 5. Social Security Number 219-40-8991 Usual Residence of Decedent	CENTER 7. Age (In yrs. I		ff Under 1 Yaar Months Days	BALTIMO If Undar 24 Hrs. Hours Min.		th	of Death / A 9. Birthplaca (Sta Country) MARYLA	ita or Foraign
	ith the Maryland or 28a-f show se notified at	Funeral Director	10a. Stata 10b. County MD • N/A 10e. Street and Number		, Town or Loca				10g. Citizen of V	松	a City Limits
	th with 23e or unit be	al Di	3005 GRAYSON STR	EET		2121	.6		U		
0020	ours after dec alf, or litems Examiner m	by	XXNever Married 2 Married	as Decedent Evar in U, med Forcas? □Yas 2□No Yes, Giv¥X par or Dates:	If Y	as Decedent of H Yes, specify Cub ☐ Yes ※ No	lispanic Origin? (S an, Mexican, Puart Specify:	pecify Yas or No Rican, etc.)		a - American Indianok, Whita, etc.	
21213-0	P. Handan	Completed	m 65	pleted) bliege (1-4or 5+) - () -	16a. Decede (Giva ki life. DO		eation during most of world)	king		psinass/Industry	ON
yland	MAN OF THE PARTY O	To Be	17. Fethar's Name (First, Middla, Last) THOMAS QUE	EN			18. Mothar's Nam				
, Mar	and 2 sho ealth and n 27 is mu her traum		19a. Informant's Name/Relationship (Type, Pr GEORGE QUEEN) BRO	THER)	3718	B EASTM	and Number or Ru IAN ROAD				21133
Baltimore	artment of H ortant: If the injury or off		20a. Mathod of Disposition 1 Virial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al trom State	•	tion (Nama of tory or othar place) NCEME	TERY 4	Date / 15/97	BALTI	O., MD.	,
Ball	Depart Import any in		21 Signature of Funeral Sarvice Licensee	To CFSP		Name and Addra	ss of Facility E		ILLIPS		D
	Physician /Medical Examiner	ner	23a. Part1. Enter the disease, or complication shock, or heart tailure. List only one cau Immediate Cause (Final disease or condition resulting in death)		. Do not anter	the moda of dylr		or raspiratory a	rrest,	Approxi	
Box 68760,	ieeth certificete be executed attending physician and I for use as the burial-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that inklated events rasulting in death) Last	Due to (or Due to (or	as a conseque as a conseque	ance of):	N Far				
P.O.	requires that the deeth ween signed by the atte hould be detached for	by Physic	Part II. Other significant conditions contribution	ng to death but not resu	ilting in the und	arlying cause giv	en in Part I.		lobacco use co Yes 2□ No	3 ☐ Probably	se of death? Unknown
Records,	2 S S	Completed b						24a. Was perfo	an autopsy med?	24b. Wera autop available pri completion of death?	or to
of Vital R	는 음절		25. Was case referred to medical				00 51	10)		1 □ Yes	No
5	cert rect	9 Be	examiner?	1: 🗸		_ Oth	26. Place of Dea				
	nding Physician: eth. r: After this certific	P 1 Yes No Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing H						oma 5 ☐ Rasidence 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred			
Division	tal or Attending rs efter deeth. al Director: After ed in by the fune	Certification:	3 Suicida 6 Could not be determined 286		28f. Location (S City or Tox		er or Rural Routa N	lumber,			
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in	Medical	one) 2 Medical Examiner: O	To the best of my known the basis of axamination mannar stated.	viedge, deeth o on and/or inves	stigation, in my o	pinion, death occur	red at the time,	date end placa,	and due to tha caus	
	5 × 5 00	*	29b. Signature and title of certifier Jelunce 3,	ramt m.	٠٥,	29c. Licens	a number	3	4 pri 1	(Month, Pay, Yea	997
	Sta	to	30. Name and address of person who complete TCTANCE L. L 31. Dete filed (Month, Day, Year)	AMB M.	D.	L'iber	ry med	lical	Ceter.	Baltimo	e M.D
	Registr	_	APR 1 6 1997 1.4	32. Registrar's Signation	rdelle						



97-1746-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97	1,5	
F.H G-746 4/21/97 Centificate of Death Reg. No.	40	

Physic	ian		ma (First, Middla, i	Last)							2. Data of De		Yaar		ne of Death
/Medi		RAY						RO	OWE		APRIL	12	1997	4:	31P.M
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31. Data filad (Month, Day, Year) APR 1 6 1997

29b. Signatura and title of certifie

mpleted ceusa of daath (Itam 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year)

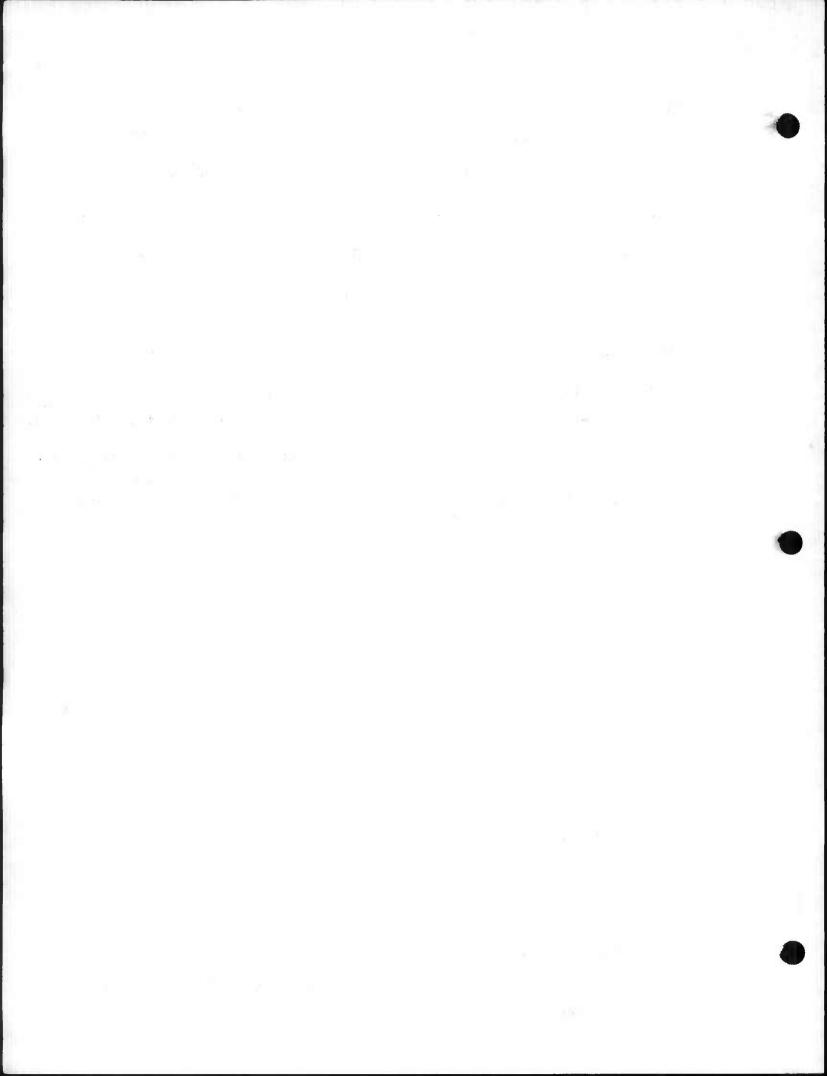
APRIL 13,1997

29c. Licansa number

O.C.M.E.

Registrar DHMH 16 Rav 6/95

State



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10d. inside City Limits

1 ☐ Yes 2 No

Physician
/Medical
Examiner

3. Time of Deeth Veer

1997 2:10 P.M.

WHITE

Approximete Onset end Death

19 DAYS

YEARS

1 ☐ Yes 2 No

Funeral

Director

the Marylend 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at

72 hours efter permit. Pages 1 and 2 should be filed within it Department of Health and Mental Hygiene Important: If Item 27 Is marked other than "nany Injury or other traumatic aware

Baltimore, Maryland 21215-0020

Box 68760 certificate be

Records, P.O.

of Vital

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Physician /Medical Examiner

> buriel-transit and physician sthe buriel 88 esn for the peen has certificate Be Certification: To this

State Registrar

Medical

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month MARY ELIZABETH RUCKLE 09 APRIL 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth TOWSON, MARYLAND BALTIMORE

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Deys | Hours | Min. | (Month, Dey, Year) | 9. Birthplece
Country) SAINT JOSEPH MEDICAL CENTER 5. Sociel Security Number Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) 1□ M 2MF 212-03-6583 Yrs. AUG 15, 1907 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location Director TOWSON MD Baltimore 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 21286 USA 11 AIrway Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 252No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) C+P Telephone Telephone Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Margaret A. McGeeney THOMAS KUCKLE 19a. Informent's Neme/Reletionship (Type, 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) James S. Kucki 11 AIRWAY CITCLE APT 2-A TOWSON, MD. 21286 BROTHER 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from State April 12 MORELAND Memorial PARK 4 ☐ Donetion 5 ☐ Other (Specify) PARKVILLE, 1997 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility 8800 Harford Rd EVANS CHAPEL & MEMORIES Balto. MD. 21234 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Immediate Ceuse (Finel CONGESTIVE HEART FAILURE disease or condition resulting in deeth) Due to (or es e consequence of) Examiner HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury Due to (or es e consequença of) DISEASE Physician/Medical that initieted events resulting in deeth) Last Due to (or as e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed

25. Wes case referred to medical examiner? Hospital: Mnpatient 2 □ ER/Outpatient 3 □ DOA

28e. Date of Injury (Month, Dey Year) 5 Pending Investigation 6 Could not be determined

28e. Pleca of injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28h Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

1 Xcertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated.

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

29b. Signeture end title of cartifier

1 Yes 2 No

27. Manner of Deeth

1 Neturai 2 Accident

3 Sulcide

29a. Certifier

4 ☐ Homicide

(Check only one)

29c. License number

29d. Date signed (Month, Dey, Yeer)

30. Name and address of person and completed course of death (flore 23s) (Type: Print).

REATRIZ D. DITTO: M.D. 7620 YORK ROAD, TOWSON, MARYLAND 21204 Ρ.

DIZON, M.D. 1020

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 11453

		- The state of the										
Physi	oion	Decedent'a Name (First, Middle	, Last)						2. Date of D Month	eath Day	Year 3.	Time of Death
/Med		CHARLOTTE	ANNE RICE				_ ,				1.550	2:00 PM
Exam		4a. Facility Name (If not institution	give street and number)				4b. City, T	own, or Loc	April ation of Dee	oth \$c. Count	y of Death	2.00 FM
		500 W. Univer	sity Parkway	. Apt	. 8B		Balti	more	City		N/A	
Funera	1	5. Social Security Number	6. Sex 7. Ag	je (In yrs. le	st birthday)	If Under 1 Y Months D	eer If Unde	r 24 Hrs.	City 8. Dete of B (Month, E	irth Dav. Year)	9. Birthpiace	(State or Foreign
Directo	r	216-20-1143	1□M 2∏ F	70	Yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		May 8.	1926	Maryla	and
		Usuel Residence of Decedent 10a. State 10b. County		100 Chr.	Town and an	ation						
ena. than "natural", or items 23a or 28a-f ahow ha Medical Examiner must be notified at	_	Toa. State Tob. County		Toc. City,	Town or Loc	anon						nside City Limits
2 4	5	Maryland N	/A	В	altimo	re Cit				1		Yes 2□No
2 2	Director	10a. Street end Number				10f. Zip Co	de			10g. Citizen of	Whet Country?	
23a	<u>a</u>	500 W. Univers	sity Parkway	, Apt	. 8B	2	21210				USA	
E S	Funeral	11. Maritai Status	12. Wes Decedent Armed Forces?	Ever in U,S	. 13. W	es Decedent Yes, specify	of Hispanic O Cuban, Mexica	rigin? (Specan, Puerto F	cify Yes or Nican, etc.)	lo- 14. Ra Bid	ce - American In ock, White, etc.	idlen,
iena. than "natural", or Items 23a or 28a-f ahow the Medical Examiner must be notified at		1 Never Merried 2 Marri	ed 1 Yes 27	No		☐ Yes 2)()				Speci	fv:	
E E	d by	3 Widowed 4 Divorced	Year or Dates:			21				0,000	White	
neth	Completed	15. Decedent (Specify only highes	a Educetion t grade completed)		16a. Decede (Give k	ent's Usuai O and of work d	ccupation one du <i>ring</i> mo etired)	st of workin	g	16b. Kind of E	Business/Industry	У
L S	GE	Elementary/Secondary (0-12)	College (1-4or							D 6		
ther than		12 yrs 17. Father's Name (First, Middle, I			Admini	strati	ve Ass				Basebal.	I Team_
is marked other	e e	The second secon					18. Moti	ner's Name	(First, Middl	le, Maiden Suma	me)	
	2	Bernard DeLace	y Rice, Sr.				Ann				Urban	
traumatic		19a. Informant's Name/Relational	nlp (Type, Print)		19b. Mailing	Address (Si	reet and Numi	ber or Rural	Route Num	ber, City or Town	, State, Zip Cod	e)
27 r tu		Mr. Bernard C. F	lice (Nephew)	1518	Nation	al Roa	d. Ba	ltimor	e Mary	land 213	237
r other		20a. Method of Disposition	_	ZUD. Pla	ce of Dispos	ition (Name o	place)	u, pu.	Date	e Mary 20c. Location	- City or Town,	State
important: If it any injury or c		1 Donation 5 ☐ Other (Science of Science of		24			emeter			Baltim		
Important: If item any injury or othe	8	21. Signature of Funeral Service	iceophe				ddress of Feci		110171	Darcin	orce in	yranu
any li		Martin Oct	Lawson		Mi	tchell	-Wiede	feld I	Home			
		Martin La 23e. Pert1. Enter the disease, or shock, or heart failure. List	wson (MOO3	58)								
			complications that cause	the death	Do not ente	00 Yor	k Road	Bal	timore	Maryl:	and 2121	2 mate
		shock, or heart failure. List	complications that cause only one cause on each i	d the death. ne.	Do not ente	00 Yor	k Road dying, such e	Ba1	respiratory	Mary 1	and 2121	roximate rval Between set end Death
	_		complications thet cause only one cause on each li	d the death. ne.	Do not ente	OO Yor the mode of	k Road dying, such e	Ba1	timore respiratory	Mary1	and 2121	roximate rval Between set end Death
dica	1	shock, or heart failure. List Immediate Cause (Finel disease or condition resulting in death)	complications thet cause only one cause on each li	the death. ne.	Do not ente	oo Yor the mode of	k Road dying, such	Ba1	timore respiratory	Mary 1	and 2121	roximate rval Between set end Death
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edica mine	Examiner	Immediate Cause (Finel disease or condition resulting in death)	complications thet cause only one cause on each ii e	espra espra en 10 (04)	eato	my/	Road dying, such of ARRE	Ba1	den	errest, Mary I	and 2121 interiors	roximate roal Between let end Death Much Much
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g physician and as the burial-transit	Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. <i>H</i>	espus Due to (or Due to (or o Y pe	ecto	Teorical of):	Road dying, such of ARRE	Ba1	den	errest, Mary I	and 2121	roximate rival Between real Between ret end Death Murch Much
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s been signed by the attending physician and Should be detached for usa as the burlat-transit D S	by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	esqua pue to (or Coue to (or MAC bue to (or a	ecto	ince of):	RRE	Balls con	23b. Dld	d tobacco use co	ontribute to the 3 Probably 24b. Were a eveilable	cause of death? A Unknow. utopsy findings to prior to thor of cause
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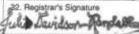
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			16-97 FilmG			Certificate of Death						Reg. No.		
	Physic	ian	Decedent's Name	e (First, Middle, L	.ast)						2. Date of De Month	ath Day	Year	3. Time of Deeth
	/Medi		Abraham			ROSENBI	ERG				April		97	4:10 PM
	Exami		4a. Fecility Name (I	f not institution, g	ive street end nu	m <i>ber</i>)			4b.	. City, Town, or Lo	ocation of Death	4c. Count	of Death	
			Franklin	Square	Hospital	Center				Roseda1	e	Balti	more	
	Funeral		5. Social Security N		Sex	7. Age (In yrs.		If Under 1 Y		If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, Da			e (State or Foreig
	Director		215-10-	-5895	1 X M 2□ F	88	Yrs.	Months	eys	Hours Min.		8,1908	MARY	
	P .		Usual Residence of	Decedent		7					110012	0/1300	TIME	UZIVD
	show		10a. Slete	10b. County		10c. Ci	ty, Town or Loc						10d	. Inside City Limits
	Ma Fine	cto	MD	BAL'	FIMORE		BAI	TIMORI	E					1 ☐ Yes 2 No
	E 22	lire	10e. Street end Nur					10f. Zip Co	de			10g. Citizen of	What Country	?
	72 hours after death with the Manyand netural", or items 23s or 28s-f show pical Examiner must be notified at	Funeral Director		eepy HO	LLOW LAN	E		2	1220)		US	Δ	
	dead	ner	11. Marlial Sletus		12. Was Dec	edenl Ever in U		es Decedeni	of Hisp	panic Origin? (Sp	ecify Yes or No	14. Rad	e - American	
0	or he		1 🗍 Never Marri	ed 2 Married		21 No				Mexican, Puerto	Hican, etc.)	Bla	ck, White, etc	
02	urs all.	by	3 Widowed	4 Divorced	If Yes, Gir Year or D	ve lates:	11	☐ Yes 2☐	Xνο	Specify:		Specif	y: WH	ITE
O I	d within 72 hours jiene. r than "natural", the Wedical Exe	Completed	(0.11)	15. Decedent's I	Education		16e. Decede	nt's Usual O	ccupati	ion		16b. Kind of B	usiness/Indus	stry
7	hin 7	ple	Elementary/Seco	ndary (0-12)	College (1-4or 5+)	life. Do	na of work a O NOT use re	etired)	ring most of work	ing			
2	filed within Hygiene. ther than "	TO.	8		oundge (. 10. 07/	MII	KMAN				DAI	RV	
b	othe other	Be	17. Father's Neme ((First, Middle, Las	it)				1	8. Mother's Name	e (First, Middle,			
Maryland 21215-0020	d 2 should be filed v th and Mental Hygie 7 Is marked other t traumatic event, tr	ToE	NATHAN			RC	SENBERG	;		REBE	CCA	MER	INE	
ary	shou and N		19a. Informant's Na	ame/Relationship	(Type, Print)				treet an	d Number or Run		er, City or Town	Stete, Zip C	ode)
	る者とこ		GAYE N.	MEASE	(GRANDDA	UG.)	4085	SWEET	GUM	LANE,	LIVERPO	OOL, NY	13090	
ē,	- 9 E E		20e. Method of Disp	position		20b. F	Place of Disposi	tion (Neme o	of		Date	20c. Location		, State
20	8 = 8			Cremation 3		State	cemetery, cremi			1	/2.2./2.2			
altimore,			21. Signature of Fu	5 Other (Spec	•	l:	EBREW F		-		/11/97	BALTIM	DRE, M)
Ba	permit. Departr Imports any Inji		21. Signalule of Fu	O . C	C			Name and A		SON & BRO	OS., INC	c.		
		Ш	Tol	411	Que					ERSTOWN			LE, MD	21208
			23a. Rart1. Enter the shock, or hear	ne disease, or con rt feilure. List onl	nplicetions that of your one cause on e	aused the deat ech line.	h. Do not enter	the mode of	f dying,	such as cardiac	or respiratory e	rest,		pproximate terval Between
-	Physician												0	nset and Deeth
	/Medical		Immediate Cause (disease or condition		Chror	ic Ohst	ructive	P111m	Onai	ry Disea	CA			3 vears
и	Examiner		resulting in death)		a. OIII OI		or as a consequ		VII.a.	ry Disca	SC			3 years
-	D #	ne												
	ficate be executed physician and is the burial-transit	Examiner	Sequentially list con	nditions.	b. —	Due to (c	or as a consequ	ence of):						
ò	an a urial-		Sequentially list con if any, leading to im- cause. Enler Under Cause (Disease or	mediate rlying										
68760,	ysici ysici	edical	that initiated events resulting in death) L		C	Due to (a	r as a conseque	ence of):						
	= 0 0		resulting in death) L	ast		,							į.	
Box	eath certif attending I for use as	Z			d								<u> </u>	
	death cert e attending ed for use	Physiclan/M	Part II. Other signifi	icent conditions	contributing to de	eath but not res	ulting in the unc	lerlying caus	e niven	in Part I	23h Did i	obacco una co	ntribute to th	e cause of death
\circ	by the starched	7	. a		ventributing to un	Jan Dat Hot 100	diting in the drie	ionying caus	o givori	WIF CITE	37	Yes 2 No		oly 4 □ Unknow
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State Registrar

31. Date filed (Month, Day, Year)

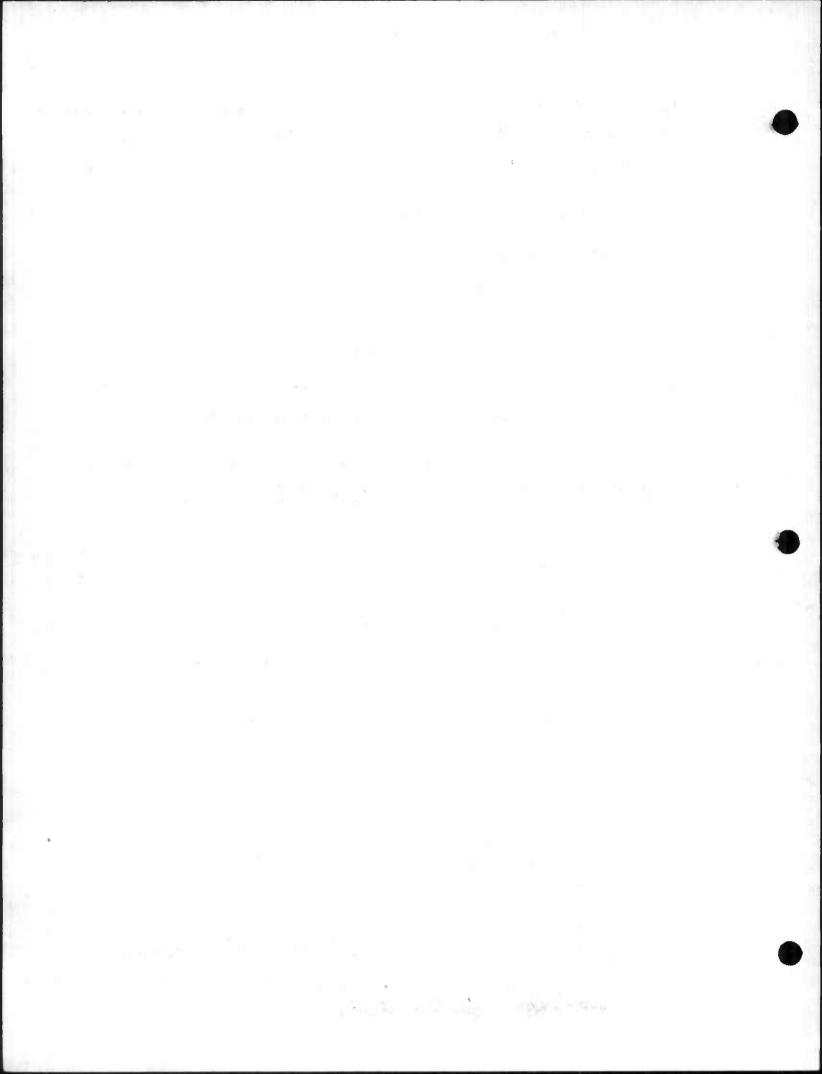
APR 1 6 1997



State of Maryland / Department of Health and Mental Hygiene

1455 Certificate of Death 1. De dent's Name (First, Midele, Last) 2. Dete of Death 3. Time of Death **Physician** SIRAUK Month Vaar APRIL 5:35 AM 1997 11 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Union Memorial Hospital Baltimore N/A if Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) May 10 191 9. Birthplace (Stete or Foreign **Funeral** 1 M 2 F Days 218-01-6100 79 Yrs. Director Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner rount be notified at Md. N/A Baltimore Director 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 3900 North Charles St. or items 23a 21218 IISA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whife, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ঐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by 3 ☐Widowed 4 ☐ Divorced Specify: White "natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "any Injury or other traumatic avant Elementary/Secondary (0-12) College (1-4or 5+) +2 Artist Art 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Ernest Drewry Honemann 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Messa /Exed. 606 Gillender St. Lansdale, Pa. 19446 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Whitemarsh Cemeterv 4-16-97 Lansdale. Pa. 22. Name and Address of Fecility
Ruck Towson Funeral Home, Inc.
1050 York Rd. Towson, Md. 21204 21. Signature of Funeral Servica Lice 23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediate Cause (Final SEP515 disease or condition resulting in death) Examiner Due to (or as a consequenca of): ENTERITIS - CHRONIC DIARRHEA Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): and MALIGNANCY. GASTRIC Box 68760 since 1967 Physician/Medicai Due to (or es e consequence of): THERAPY RADIATION Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. Completed by The law requires 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? eens Hip Surgery 1□ Yes 2 DN 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 28a. Date of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending Investigation s efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edicai within 24 hour To the Funer completely file 29a, Certifier (Check only one) the th 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 2438946 of person who completed cause of death (Item 23a) (Type, Print) 201. E. Unitesity privay -Thalcken State Registrar



on M.O D 16492

M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

Julia Davidson

BEATRIZ P. DIZON,

31. Date filed (Month, Day, Year)

State

and the second s

jhm

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Depart

3. Tima of Death

Birthplace (State or Foreign Country)

10d. Insida City Limits

1 X 1 1 No

21217

Approximate Interval Between Onsat and Death

NEW JERSEY

02:15AM

ment of Health and Mental I	Hygiene	97		L
icate of Death			•	

Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** APRIL 12, 1997 **JAMES** STEALING /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** MIDDLE RIVER ROAD AND PULASKI HWY BALTIMORE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Days Hours 18 Yrs. Director 217-94-5439 Usual Rasidanca of Dacedant 11 23 78 10a. Stata 10b. County 10c. City. Town or Location r than "natural", or liens 23a or 28a-f show the Medical Examiner must be notified at Director VA. N/A VIRGINIA BEACH 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 23454 2363 SEDGEWICK DRIVE US Funeral Was Dacedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indien, Black, Whita, atc. 11. Merital Status filed within 72 hours after 1X Xavar Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: BLK. 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Collega (1-4or 5+) Elementary/Sacondary (0-12) STUDENT EDUCATION 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be KENNETH P. STEALING BRENDA FOOTE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) BRENDA STEALING (MOTHER) 2363 Sedgewick Drive VIRGINIA BEACH, VA. **Baltimore** 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) ROOSEVELT CEMETERY 4/19/97 CHESAPEAKE, VA. 21. Signature of Funaral Sarvice Licensae 22. Name and Address of Facility PHILLIPS FUNERAL HOME declo CFSP 1721-27 N. MONROE ST. BALTIO., MD. 23a. Part 1. Enta tha disaasa, or complications thet ceusad tha death. Do not antar tha mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final diseese or condition rasulting in daath)

Examiner

the burief-transit

25 attending use

and

3

signed b

page 2

certificate

To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

P.O. Box 68760.

Records,

Division of Vital

The law

Examiner Physician/Medical þ Completed Be To Certification: Attent.

offer death.

of Director: At

Sequantially list conditions, if any, laading to immadiata ceuse. Entar Underlying Cause (Diseasa or Injury that initiated events rasulting in daath) Lest

Dua to (or as a consequence of) Dua to (or as a consequence of):

Due to for

Mag

as a consequence of).

Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.

23b. Did tobacco use contributs to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Wara autopsy findings eveilebla prior to complation of ceusa 24a. Was an autopsy performed? of death?

1 Yas 2□No 26. Placa of Death (Check only ona)

1 Yas 2 No

Struck

25. Was cesa ratarred to medical 1 Yas 2 No 27. Manner of Death

28a. Date of Injury (Month, Day Yaar) Invastigation 4-12.97

28b. Tima of 2 A M Injury

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 No

Other: 4 \square Nursing Home 5 \square Residence 6 $\!X\!\square$ Other (Specify) SCENE 28d. Dascribe how injury occurred

truck 28f. Location (Street and Numbar or Reral Routa Number, City or Town, Stata) Made Rusy Ld

29a. Cartifian (Check only one)

1 Natural

2 Accidant

3 Suicida

4 - Homicide

1 Certifying Physician: To the bast of my knowledga, death occurred at tha tima, date and place, and dua to tha causa(s) and manner es stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, date and place, and dua to tha cause(s) and manner stated.

load

29b. Signature and title of dertified

5 Panding

6 Could not be datamined

29c. License number OCME

29d. Date signed (Month, Day, Year)

APRIL 12, 1997

30. Name and Address of person who come

31. Data filed (Month, Day, Year)

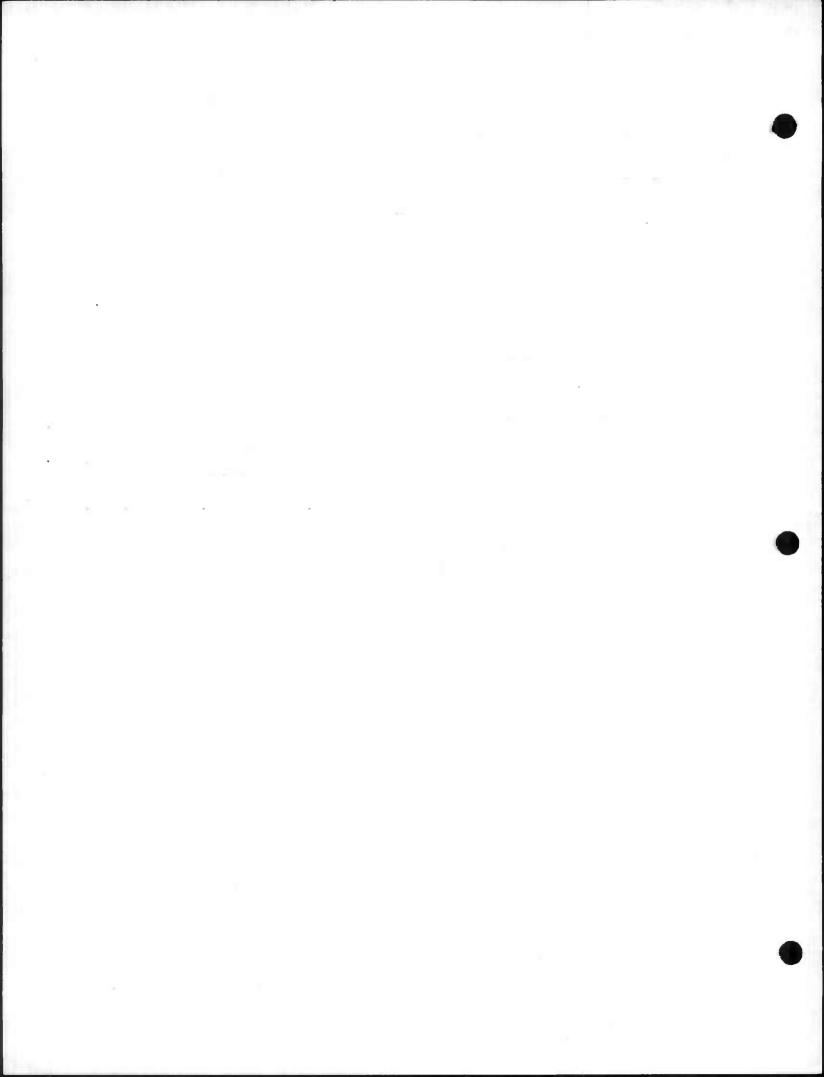
APR 16 1997

111 Penn Street, Baltimore, Maryland 21201

State Registrar

12. Bagistrar's Signature

inted cause of death (Item 23a) (Type, Print)

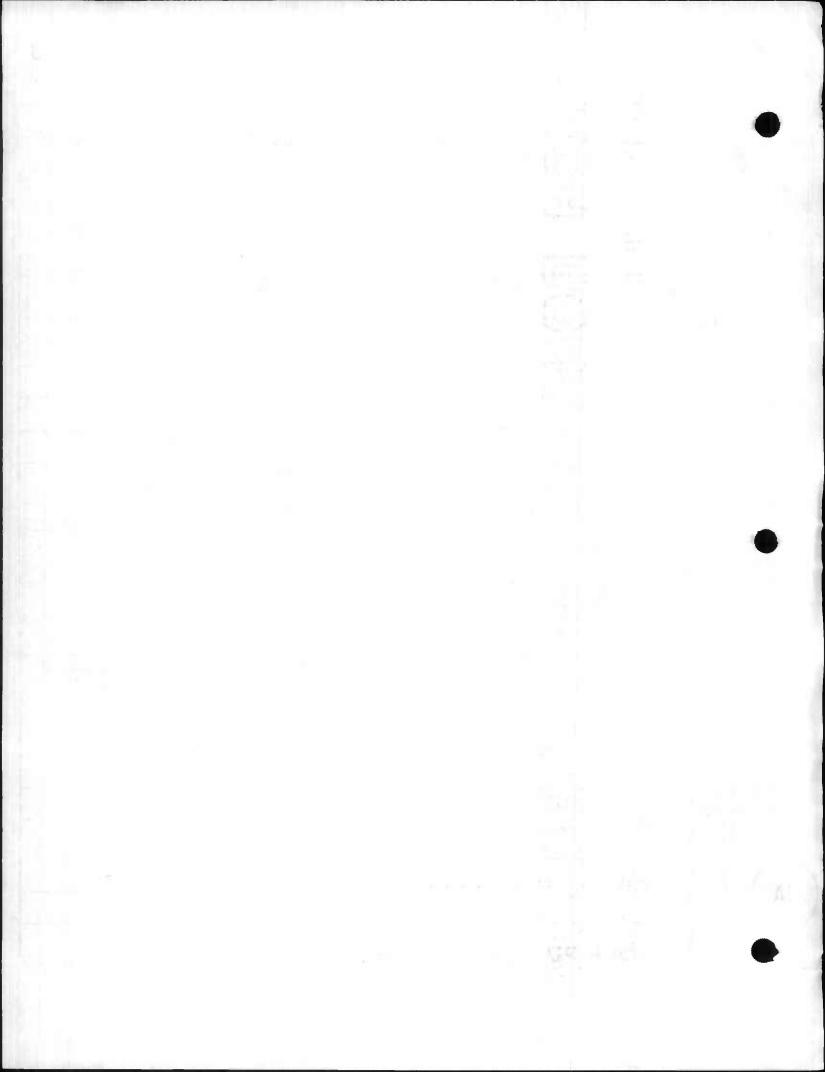


THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the floating floating the investment of the investment of the state of the BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

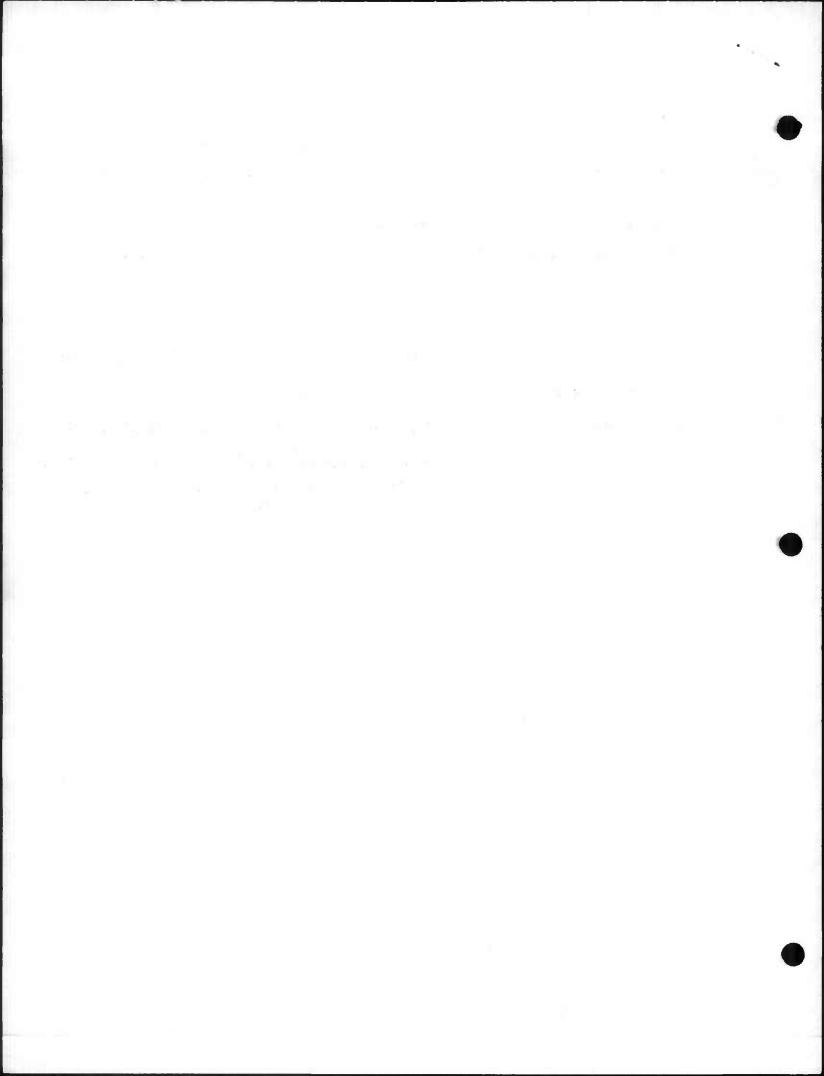
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HEGISTHAR																							
1. DECEDENT'S NAME (First, Middle, Last)	CHISSI	EB					14	DATE OF DEATH PORTE	19	797	3. TIME OF DEATH												
220-05-9076	s. śEX a 1 💢 M 2 🗆 F	7 6	st birthday) YRS.	IF UNDER	DAYS	HOURS	AARAI	DATE OF BIRTH (Month, Day, Year) EC. 21,1	920	Countr	IPLACE (State or Foreign y) SYLAND												
• FACILITY NAME (If not inetitution, give a CANTON HARBOR HEA						OR LOCATION			9c. COU	NTY OF D													
RESIDENCE OF DECEDENT	ALIH CARE			BAL	LIIM	ORE CI	TY			CITY	/												
10a. STATE 10b. COUNTY			10c. CIT	ry, town	OR LOCA	TION					10d, INSIDE CITY LIMITS?												
MARYLAND 10a. STREET AND NUMBER	CITY		BA	ALTIN		CITY					1 X YES 2 NO												
1116 SOUTH BONSAL	. STREET				10		224		10g. CIT		S.A.												
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES 2 TO OR DATES	RMED NO WWII		If yes, sp	CENDENT OF	HISPANIC (Maxican, P	ORIGIN? (Specify Yes uarto Rican, etc.)	or No—		— American Indian, t, White, atc.												
15. DECEDENT'S EDU	1942-19		ECEDENT'S	I II II II I	OCCUPATION OF THE PROPERTY OF	ON		16b, KIND OF BU	PINEOG /INI	DISTRY	WHITE												
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(C	Sive kind of Do NOT u	work done ise retired.)	during mo	ost of working		100. KIND OF BU	SINE 33/INL	JUSTRY													
3	0011090 (1-4 01 0 4)	1	METAL	SOF	RTER			IROI	V & N	TETAL													
17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME	First, Middle, Maiden	Surname)														
JOSEPH SCHISSLER						-		NKNOWN															
19a. INFORMANT'S NAME (Type/Print)								Number, City or Tow															
MARGARET SMITH 20a. METHOD OF DISPOSITION							B	ALTIMORE .	MAR CATION -														
1 Duriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cometery, critical GREEN	amatory or o	other place	1		ADDT																
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	-		22.	. NAME A	ND ADDRESS	OF FACILI	TY			MARYLAND												
> Clenabeth	lal.	16,		CH	TARLE	ES S.	ZEIL	ER & SON.	INC.	FUN	ERAL HOME												
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications that of List only one cause	ceused the de e on each line	seth. Do	not enter	2.2.3 1 or the mo	FASTER ode of dylng	, auch a	FNUE RAI	TTMO	RF	Approximate Interval Betw												
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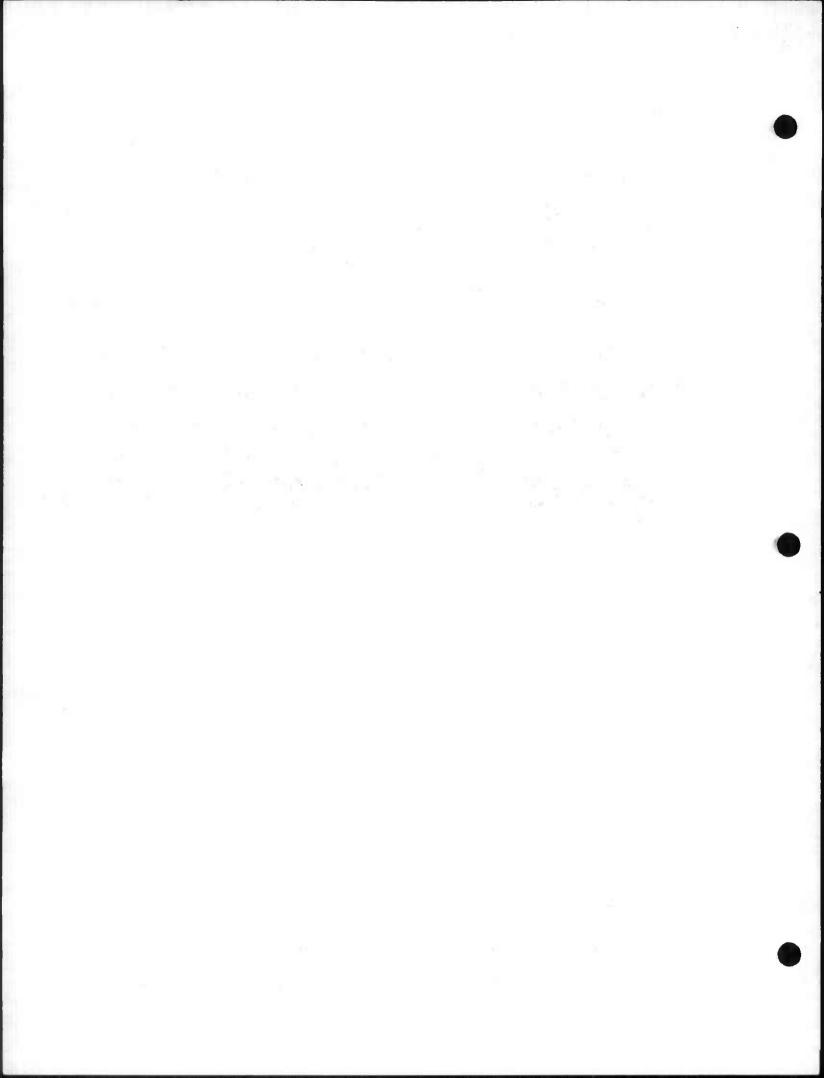
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedence Nama (First, Middla, Last) 2. Data of Death Day 11 **Physician** APRIL 1997 10:30PM 2000 /Medical Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MILFORD MANOR NURSING HOME BALTIMORE BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar | if Undar 24 Hrs. 8. Date of Birth Month Day, Year OCT 25, 1903 7. Age (In vrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Months Days Hours 1 M 1 1 F PENNSYLVANIA 218-22-6351 93 Yrs. Director Usual Rasidance of Decedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits na 23a or 28a-f sh must be notified 1 Yas 2 □ No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2500 W. BELVEDERE AVE., APT. 501 21215 USA Funerai than "natural", or items : 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic OrlgIn? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Black, White, atc. filed within 72 hours after 1 Navar Married 2 ☐ Married 1 ☐ Yas 2 ☐ Yo If Yas, Giva Yaar or Datas: altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: WHITE 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Hygiene. Collega (1-4or 5+) Elementary/Secondary (0-12) SECRETARY INTERNAL REVENUE SERV permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flam 27 is marked other any Injury or other traumatic evant, once. 17 Fathar's Nama /First Middle Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be JOSEPH SUNSHINE FANNIE LIPSITZ 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) IRMA CHALMERS. (DAUG.) 3008 LIGHTFOOT DR. BALTO., MD 20b. Place of Disposition (Nama of carratary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State BNAI ISRAEL 4/13/97 BALTIMORE, MD 4 Donation 5 Other (Specify) 21. Signature of Funaral Sarvice Licensia 22 Name and Addrass of Facility aye SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final OSC/exolic diseasa or condition rasulting in death) Examiner Dua to (or as a consequence of): certificata be executed Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last Bnd burial-tran Dua to (or as a consequence of): P.O. Box 68760, physician Physician/Medical the Dua to (or as a consequance of): 88 attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown à law requires Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Deen completion of cause of death? PISS I 1 Yas 2 17LM6 1 ☐ Yas 2 ☐ No ofWital 25. Was casa rafarred to medical Be 26. Placa of Daath (Check only ona) examinar2 Other: 4 Diviring Homa 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 5 Panding invastigation 1 Hatural Injury 1 Tas 2 Accident 3 Suicida 6 Could not ba Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 or A 4 Homicida To the Hospital or within 24 hours at To the Funeral Dr completely filled edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifiar 29b. Signatura and title of certifian 29d. Date signed (Month, Day, Year)

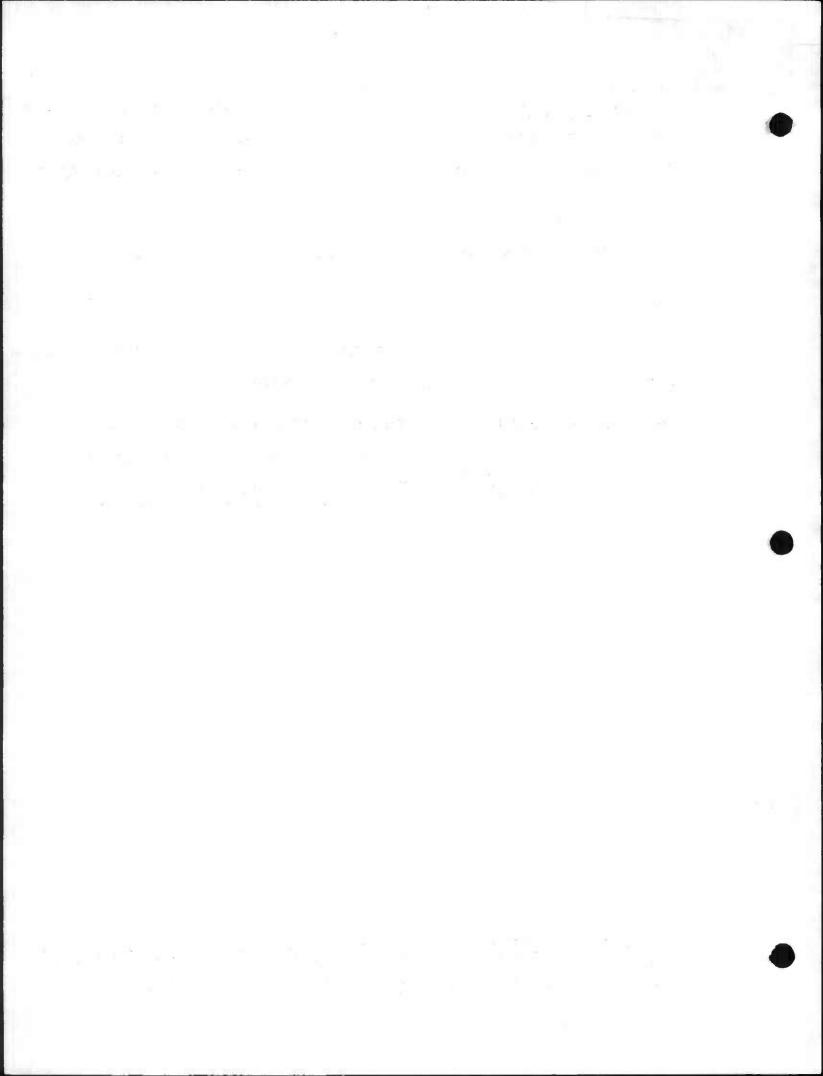
State Registrar 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

32. Registrar's Signature

Davidon

31. Data filed (Month, Day, Year)

APR 1 6 1997



						Cer	tificate o	f Death			Reg. No.		
	Physic /Medi		1. Decedant's Name (First, Mi		NYDE	=R	L _a			2. Dete of De Month	Dey	Yeer 1997	3. Time of Deeth
<i>}</i>	Exami		4e. Fecility Neme (If not institu SINAI HOSPI	tion, give street end nu					own, or Lo	cation of Deeth	4c. County		
-	Funeral Director		5. Social Security Number 214–14–9242A Usuel Residence of Decedent	6. Sex 1□ M 2√ F	7. Aga (In yrs. 76	last birthday) Yrs.	If Under 1 Yes Months Dey		24 Hrs. Min.	8. Dete of Bird (Month, Da JUNE	v, Year) 25, 1920	9. Birthple Count MC	eca (Stete or Foreign
Maryland	28a-f show	ctor	MD 10b. Cour	nty J/A		y, Town or Loc ALTIMO						10	d. Inside City Limits Wes 2 □ No
with th	a or 28	Director	10e. Street end Number 2901 FALLSTA	VEE DD VE	om 2∩2		10f. Zip Code 212				10g. Citizen of Whet Country? USA		
72 hours after death with the Maryland	piene. r than "natural", or items 23a or 28a-1 shov the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Merried 2 💢	12. Was Dec Armed Fo	cedent Ever in U, orces? 2XX0 ive	lt.	Vas Decedent of Yes, specify Co	f Hispanic Or uban, Maxica	n, Puarto I	ecify Yas or No Rican, etc.)	- 14. Rec	ce - America ck, White, e	
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and 2 shoul	声なる	To	19a. fnformant's Neme/Reletic			2901	FALLST	AFF RD			er, City or Town,		Code) MD 21209
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permit. Pages 1 an	Department important: it any injury o		21. Signeture of Funeral Servi	10 2	nis	8		INSON STERST	& BROOWN F	RD; PIK	ESVILLE	, MD 2	21208
certificate be executed	nysician Medical Kaminer Lieusi-Itauus ett se esn i Lieusi-Itauus ett se esn i	an/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	e b c		r as a consequ r es e consequ r es e consequ	uence of):	deal	hy	laretes			Onset end Death
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-	moate or, pag	Be Cor	25. Was cese referred to medi	cal				OF Place	a of Dooth	1 Check only o	,	10	Yes 2□ No
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Attending Pt	leath. tor: Atter th the funeral	Certification:	27. Menner of Death 1 Naturel 5 Pen 2 Accident Inve. 3 Suicide 6 Cou	stigation	ith, Day Yeer)	28b. Time of Injury		☐ Yes 2☐	No		Bd. Describe how Injury occurred		
pital or Attending Physician: T	ous after o		4 ☐ HomicIde dete	mined 286. Plece buildi	of Injury - At ho ing, etc. (Specify	/)				City or Tov			
HOH HO	the Furn Oletely	Medical	(Check only 2 Medic	h	asis of examinat	lion end/or Inve	estigation, in my	y opinion, dea	id place, e	ed et the time,	dete end plece,	end due to t	tha cause(s)
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/	9		30. Name end eddress of period HOWARD	HRBER,		123a) (Type), F 5310 (PLD Co	URT R	d.	BALT	6., m	021	208
	Sta Registr	-	31. Date filed (Month, Day, Yea	1997	ogistrer's Signat	ture Adapt	8				,		

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Inomas /Medical not Institution, give street end, number, 4b. City, Town, or Location of Deeth County of Death **Examiner** Hospita 7. Age (In yrs. lest birthday) 56 yrs. If Under 1 Yeer 5. Sociel Security Number 6. Sex Birthplace (State or Foraign Country)
 NC **Funeral** Months Days Hours 224-50-6827 Director Usual Residence of Decedent deeth with the Meryland 10a. State 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryla Department of Heelth end Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f ahow any injury or other traumatic event, in Modical Examinal must be notified at once. 10d. Inside City Limits Md Prince George Laurel 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20708 USA 14611 Philip Court Apt. #203 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Meritei Stetus Bleck, White, etc. 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1□ Yes 2 No Specify: Specify: Black PV 3 ☐ Widowed 4 💆 Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 18a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 18b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) **GED** File Clerk T.K.A. Management NA 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Biggs Clara Spruill Walter 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20705 11457 Cherry Hill Road Apt. #203 Beltsville Sheryl Scott 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Roosevelt Cemetery 04-97 Cheseapeke, VA. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the doubt shock, or heart failure. List only one cause on each line. Do not enter the mode of dying, such es cardiec or respiretory arrest, Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner ettending physician and for use es the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): the death certificate be exec Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) detached for the (Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 Yee 2 No 3 Probably 4 Unknown þ The law requires 24b. Were autopsy findings evaliable prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 (hes Bte 1 🗆 Yes 2 10 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 162 Yes 2[] No 1 Inpatient 2 ER/Outpatient 3□ DOA 27. Menufer of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Could not be determined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide Plece of Injury - At home, farm, street, factory, offica building, etc. (Spacify) 4 Homicide id 6 To the Hospital c within 24 hours at To the Funeral D 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner es stated.

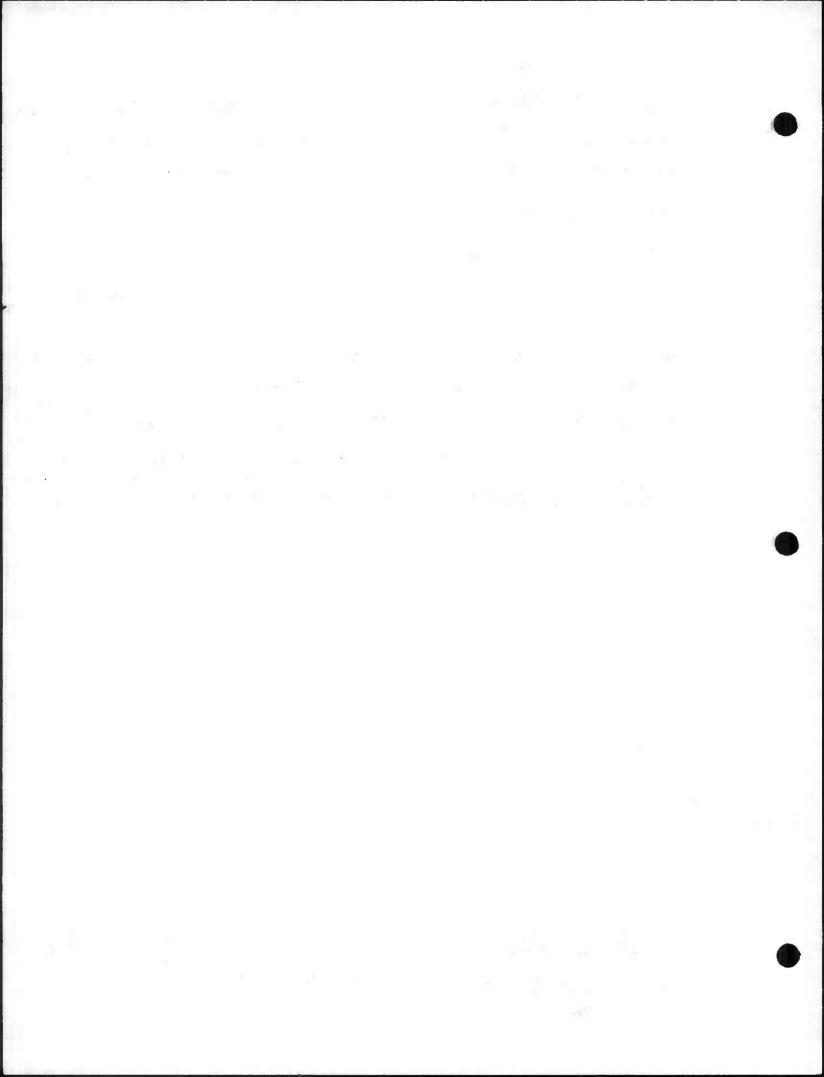
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical completely (Check only one)

32. Registrar's Signeture

Davidson

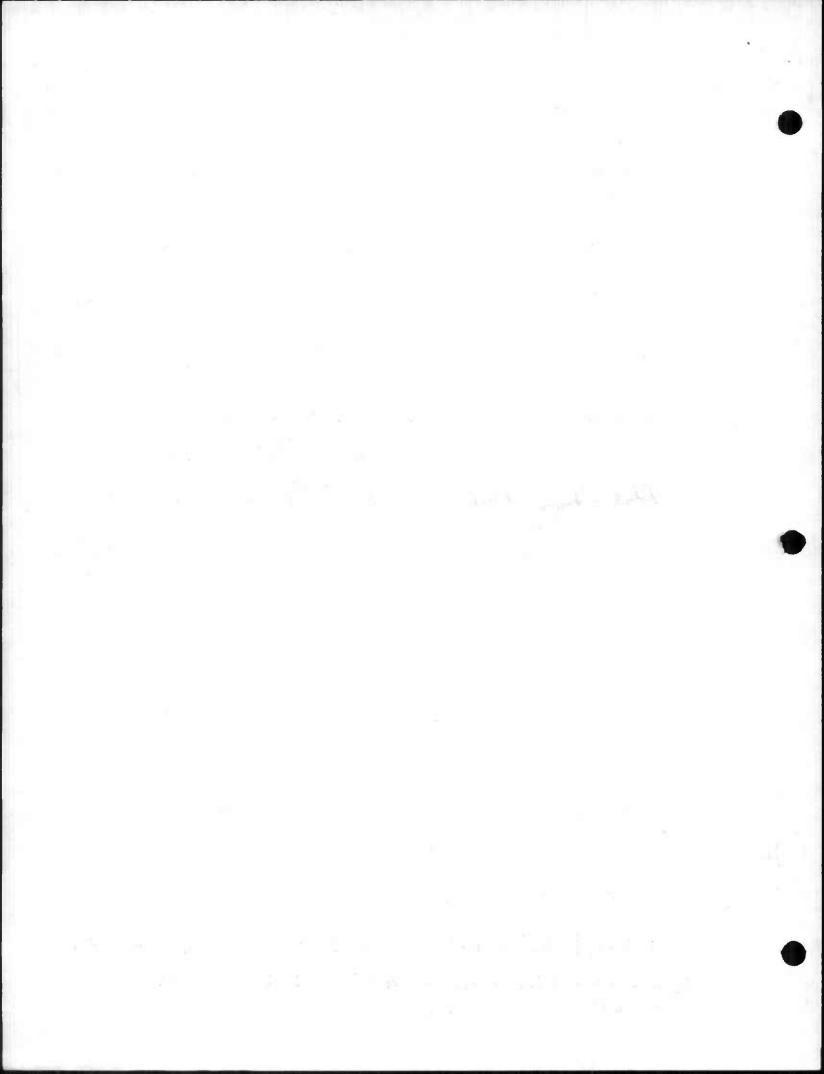
State Registrar

31. Date fil



State of Maryland / Department of Health and Mental Hygiene 97 11464

					Ce	rtificat	e of	Death			Reg. No.	- 1	11404
Physic	ian	1. Decedent's Name (First, Middle,	Last)							2. Date of D		Year	3. Time of Death
/Medi		Benjamin Truglio								Apr.	12	1997	2:35 PM
Examir	ner	4a. Fecility Name (If not Institution,		ımber)						cation of Dea		unty of Death	
	٠,	5118 Aver Cour				William	4.1/		mbia			ward	
Funeral Director		5. Social Security Number 089–16–8355 Usuel Residence of Decedent	5. Sex 1∭ M 2□ F							8. Date of B (Month, I Mar.	irth Day, Year) 11, 19	9. Birth Cou	nplace (State or Foreignetry) NY
dand dand	tor	10a. State 10b. County		10c. (City, Town or L	ocation							10d. Inside City Limit
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death	Funeral	11. Marital Status			nt Ever in U,S. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-						Rece - Amer		
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hor th		12					ug Enforcement					eral Government	
should be fi nd Mental H marked out	To Be	17. Father's Name (First, Middle, La Rosario Truglio	*							(First, Middl Bondi	iddle, Malden Sumame) i		
and 2 sn ealth and n 27 is m		19a. Informant's Name/Relationship Agatha TRuglio	(Wife)							Bia, M.	ip Code)		
rages 1 nent of He ant: If Iten ury or oth		20a. Method of Disposition 1 ☒ Buriai 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe							Apr	Date 1997		on-City or T S Mill	
permit. Pages Department of Important: If is any injury or once.		21. Signature of Funeral Service Licensee 22. Name end Address of Facility Witzke Funeral Homes, Inc. 5555 Twin Knolls Rd. Columbia, MD										MD 2	21045
		23e. Pert1. Enter the diseese, or page 1	riprications that o	aused the de								ב עניי	Approximate
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an and urisi-tran	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of):											
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2 pg	Physician	Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did	Did tobacco use contribute to the cause of death?			
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s been sig 2 should t	Completed I					·				24a. Wa	s an autopsy formed?	er er	Vere eutopsy findings veileble prior to ompletion of cause f death?
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120		> Michaling Ku	whelites	mi)	00.1.7	D	38	509			Apri	14	1997
18,		Nicheles Koutr	clakes ite	065 Lity	m 230) (Type,	xen4 f	Ptw	y Colu	mbin	om ,	21044		
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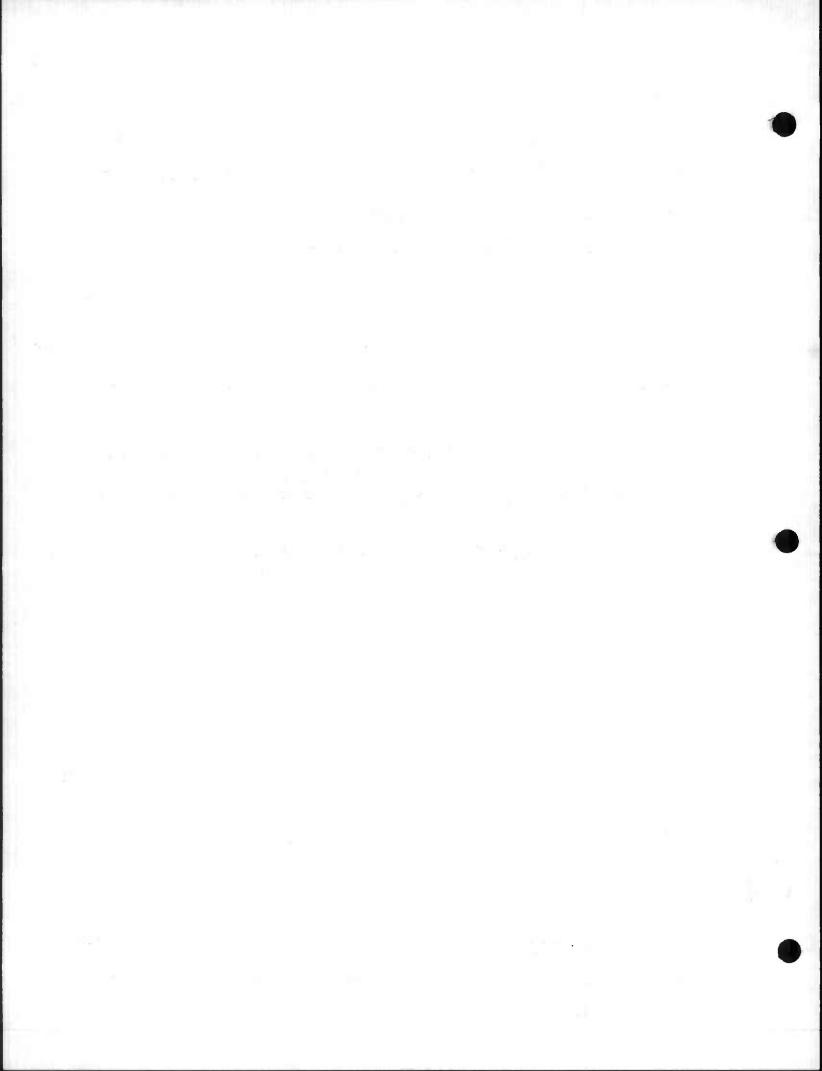


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.
State of Marvland / Department of Health and Mental Hygiene

					Ce	rtificate	of Deat	h		Reg. No.				
5		1. Decedent's Name (First, Middle, Li	ast)						2. Dete of Dec	eth		3. Time of Death		
Physic /Medi		DOTOTOV (' 'l'ilCKAT						Apr.	13	1997	12:30 A			
Exami		4a. Fecility Neme (If not institution, gi	ve street end numba	r)			4b. City,	Town, or I	ocation of Death		nty of Death			
		6007 Black Fria	ar Circle				Cat	onsv	ille	Ba	ltimor	е		
。Funeral			Sex 7. A	ga (In yrs. lesi	birthday)	If Under 1 Y Months Di	ear If Und	er 24 Hrs. Min.	8. Date of Birt (Month, Da)	h		place (Steta or Foreigntry)		
Director									Feb. 1,	1924	Mary	land		
nylan show		10a. Stete 10b. County 10c. City, Town or Location									1	Od. fnslde City Limit		
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er de	Funeral	11. Maritel Status	12. Was Decedent Evar in U,S. Armed Forcas?			13. Was Decedent of Hispanic Origin? (If Yes, specify Cuben, Mexican, Pua			pecify Yes or No- o Rican, atc.)	14. F	Rece - Amark Black, White,			
J within 72 hours after death with the Manyland jiene. T than "natural", or items 23a or 28a-f show than Medical Examiner must be notified at the Medical Examiner.	by	1 ☐ Navar Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorcad	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:			1⊡Yes 2021			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specify: Wh:				
72 hg	ted	15. Decedent's E (Specify only highest gr	ducation		6e. Deced	dent's Usuel O	cupation		455	16b. Kind o	Business/In	dustry		
within ene.	Completed	Elementary/Secondery (0-12)	College (1-4or	D+1		dent's Usuel Oo kind of work do DO NOT use re			King					
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should be nd Mental marked o	2	James Ridgell Eliz						Eliza	abeth Sc	hwartz	2			
permit. Pages 1 and 2 should be Department of Health and Menis Important: If item 27 is marked any Injury or other traumatic app. Doc.		19e. tnforment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number of					ber or Ru	ral Route Number, City or Town, Stete, Zip Code)						
alth 27 er tr		Nancy Mahoney (1	Daughter)		12199	9 Etchi	son Ro	ad E	llicott	City,	Maryla	and 21042		
of He		20a. Method of Disposition	7-	20b. Plece	e of Dispo	sition (Neme o	pleca) An	ril	Date	20c. Locatio	n - City or To	own, State		
Trent In It. H		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci.		Fork	Métho	netory or other dist & Cemet	erv	17	1997	Fork,	Marv1	and		
partn ports / Inju		21. Signeture of Funeral Service Lice	nsee , /	1	22	. Nama and Ad	dress of Fac	ility						
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		23a. Pert1. Entar the diseasa or com	polications that could	d the death. I) ant ant	ostha mode of	diag such	Ave	nue Cato	nsvill	le, Mai			
		shock, or heert feilure. List only	one cause on each	pe dudin L	JO HOL MIN	ai tha mode of	dynig, sour	is caldiac	or raspiratory ar	retot,		Approximete Intervel Between Onset and Death		
Physician /Medical		Immediate Causa (Final												
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cian	E	Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	C											
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or us	lan													
ed by the ettendin	Physician	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did to	obacco use	contribute to	the cause of death		
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群	E	4 Homicide determined	building, el	c. (Specify)	, iaiiii, sue	set, lectory, on	00		City or Tow	n, Stete)	IIDEI OI NUIB	r noute Number,		
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~ 0		1 Ous 7	·	ell		V	3267	1	1	4 AP	197			
X		30. Name and address of person who	completed cause of c	leeth (Item 23	e) (Type, i	Print)								
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State of Maryland / Department of Health and Mental Hygiene 97

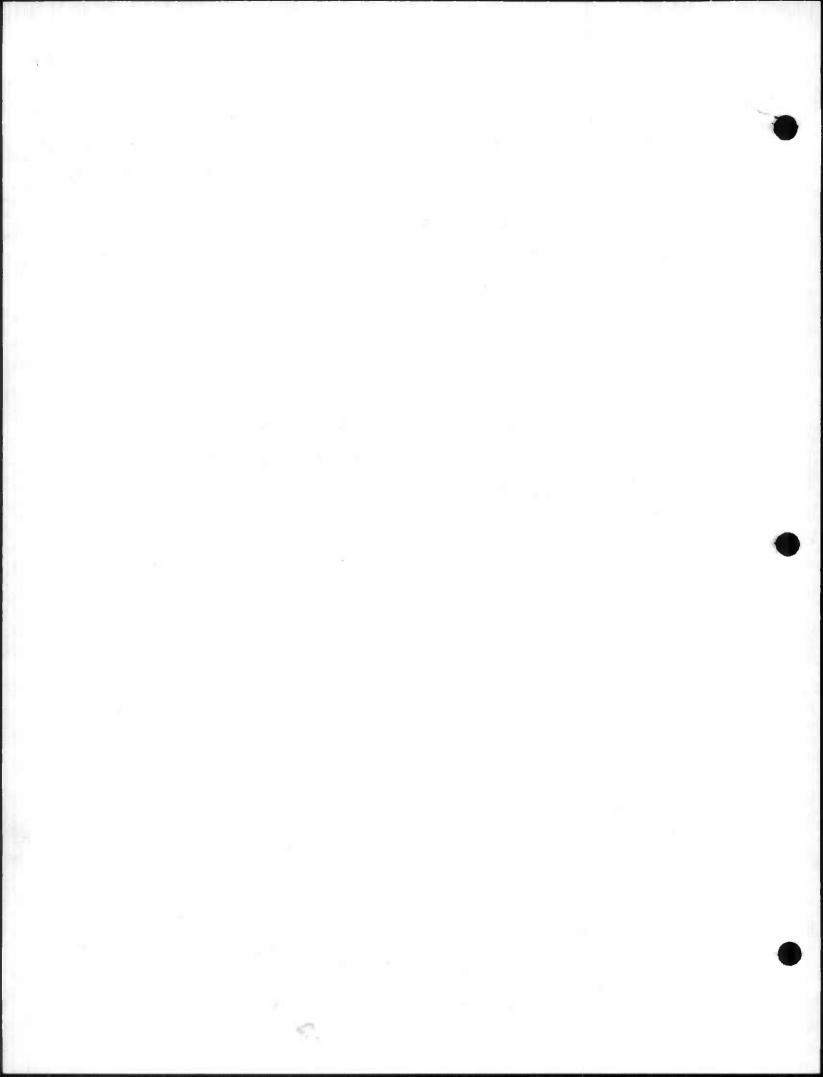
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	Funerai Director		5. Social Security 218-10-	1782	Sex 7. 1 □ XM 2 □ F	Age (In yrs. last i	Yrs.	If Under 1 Y Months De	ear If Und	ler 24 Hrs. s Min.	8. Dete of Birtl (Month, De)		Cour	plece (Stete or Foreign htty) YLAND			
	13-0020 172 hours after death with the Maryland "natural", or items 23a or 28a-f show		Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location										T ₁	Od. Inside City Limits			
		to	MD	HOWARD		C	OLUMB	IA						1 Yes 2 No			
		Il Director	10e. Street end No 10850	umber GREEN MOU	NTAIN CIF	R., UNIT	219	10f. Zip Co	de .044			10g. Citizen of	Whet Cour	ntry?			
Maryland 21215-0020	ours after death	by Funeral		ried 2 Married	12. Wes Decede Armed Force 1 Tyes 2 If Yes, Give Yeer or Dete	s? ⊒ No	S. 13. Was Decedent of Hispenic Origin? (Sprif Yes, specify Cuben, Mexicen, Puerto 1 Yes 2 No Specify: 16e. Decedent's Usuel Occupetion (Give kind of work done during most of work)			pecify Yes or No- o Rican, etc.)	Ble	14. Race - Americen Indien, Bleck, White, etc. Specify: WHITE ind of Business/Industry					
5-0	hin 72 ho s. na "natur Medical	eted	(Spe	15. Decedent's E	ducetion ade completed)	16				kina	16b. Kind of B						
121	filed within Hygiene. ther than "	Completed	Elementery/Sec	-	5+ College (1-4or 5+)		iife. DO NOT use retired) MANAGER					GEN. ELECTRIC		RTC PLANT			
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ary	d 2 should th and Mer 7 is marke traumatic	-		leme/Reletionship	(Type, Print)	1:			reet end Nur		rel Route Numbe	r, City or Town					
	of Health a		20e. Method of Dis	BOYD (DA sposition		20b. Place of Disposition (Neme of cemetery, cremetory or other place)				REM,	Dete	1057 20c. Location					
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signeture of Funeral Service Licensee 22. Signeture of Funeral Service Licensee 22. Signeture of Funeral Service Licensee 22. Signeture of Funeral Service Licensee														
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P.O. Bo	the death y the atte	/ Physician/	Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.									obacco use co		ibute to the cause of death?			
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E .	The ate h	Con									1 🗆 Y	es 200No	1[Yes No			
/ita	ysician: The	Be	25. Wes cese refe exeminer?	rred to medical						ece of Dee	th (Check only o	ne)					
of Vital	Physician: this certific ral director,	P		No	Hospitel: 1 Inpe		Outpetient			Nursing H	ome 5 Resid			5)			
sion	ath. or: After he funer	Certification:	27. Menner of Dea 1 Neturel 2 Accident	5 Pending investigatio	(Month, I						28d. Describe how injury occurred						
D S	ather of Direct And Di	Certifi	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)							28f. Location (S City or Tow		ber or Rure	el Route Number,				
	JA	Medical	29a. Certifier (Check only one)	1 Certifying Ph 2 Medical Exam	nyelclen: To the besing the basis and menner	of exemination e	ge, death o end/or inve	occurred et the stigation, in r	e time, date ny opinion, d	end plece eeth occu	, end due to the o	euse(s) end m dete end plece,	enner es s end due to	eteted. the ceuse(s)			
	5 ¥ 5 0	ž	29b. Signeture end title of certifier 29c. License number						or	1	29d. Date signed (Month, Day, Yeer)						
	an"		· C	gne	MMD				5-00	∞	1	spril.	11,19	797			
	Au		JEAN-M		ARTH A	4D 60	(Type, Pr O N.	rint) WOLF	EST.	Z				87-6417			
	Sta Registi	-	31. Dete filed (Mor	16 1997	Francis	strar's Signature	عبراماك	9									



State of Maryland / Department of Health and Mental Hygiene 97

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					Certif	icate o	f Death		Reg. No.	, ,	1 101				
. 53		1. Decedent's Name (First, Middle, La	est)					2. Dete of De	eath	Vana	3. Time of Death				
Physicia/ Medic/		Hilda "		+		(loton	April 1	Day	Aber Aeer	8:55 pm				
Examin		4a. Facility Name (If not Institution, give	re street and number)				4b. City, Town, or								
	Н	North Arundel 5. Social Security Number 6.5	Hospital	. /h h. a.t.h.;		Under 1 Yea	Glen Bur				trundel				
Funeral Director		213-50-8968	1 M 2 F 7. Age	e (In yrs. last bi		onlhs Dey			7, 1910	9. Birthplac Country Mary I	ce (State or Foreign y) Land				
ž ==		Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside													
Ba-f sh	ctor	Maryland Anne A		1 ☐ Yes 2 🛣 No											
3a or 2	Funeral Director	10e. Street and Number							10g. Citizen of United	What Country State	'				
E 3	ner	11. Merilei Status	12. Was Decedent	12. Was Decedent Ever In U.S. 13. V			Hispanic Origin? (Specify Yes or N		ce - American					
al', or items 23a or 28a-f show Examiner must be notified at	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ♣ N If Yes, Give Year or Dates:	1 ☐ Yes 2 ♣ No If Yes, Give		Yes 2X N	o Specify:	no Hican, etc.)	Specifi	ick, While, eld fy: Whi	White				
	Completed	15. Decedent's E (Specify only highest gro	ducation	16a	. Decedent	's Usual Occ	upation	ntkina	16b. Kind of B	Jusiness/Indu	stry				
- 20	nple	Elementary/Secondery (0-12)	College (1-4or 5	+)	life. DO	ive kind of work done during most of work e. DO NOT use retired)									
	Con	12			Homemaker				1	Own Home					
ital Hygi id other svent, t	Be	17. Father's Name (First, Middle, Last Josia Clark)				ime (First, Middle		ne)						
and Mental s marked o sumatic sve	To							ence Dis	4						
7 is marks traumatic		19a. Informent's Name/Relationship (198	b. Meiling A	ddress (Stre	et and Number or F	Rural Route Numb	er, City or Town	, Stete, Zip C	iode)				
Ba E		Melvin Upton / H	usband				Road S	evern, N			Chata				
Depertment of Inimportant: If its any injury or of once.		1 X Burial 2 ☐ Cremetion 3 ☐	20a. Method of Disposition 1 ☒ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 20b. Place of Disposition (Name of cametery, crematory or other place) Friendship Cemetery April								Date 20c. Location - City or Town, State				
rtant		4 Donation 5 Other (Specia		ritenc				12, 199	2, 1997 Hanover, MD						
mpo any ir		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Kirkley-Ruddick Funeral Home													
		Jana Co	wy		421	Crain	HWV S.E.	Glen Bu	rnie. M	D 2106	1				
		shock, or heart feilure. List only	one cadse on each lin	the death. Do	not enter in	ne mode of a	ying, such es cardia	ac or respirelory	erresi,	ir	Approximete nterval Between				
nysician 'Medicai			Onset and Deeth												
kaminer		Immediate Cause (Final disease or condition resulting in death)	a	(cu/	cute my a cardial signal (ds										
	-	Tooking it doutly		1		1									
nsit	nine		b. ————		_			V.							
	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as a	consequen										
hysici the bu	lica	Interpretation of the control of the	c	Due to (or es a consequenca of):											
On 68	Medical		_												
ed by the ettendin detached for use	lan		0.												
the e	Physician	Part II. Other significant conditions of	ontributing to death bu	n the under	lying cause	given In Part I.	23b. Did	23b. Did tobacco use contribute to the cause of death?							
ed by detac	Ph								1 Yes 2 No 3 Perobably 4 Unkno						
D e	by	Mar													
should	ec								24a. Was en eutopsy performed? 24b. Were autopsy finding evellable prior to completion of cause						
hes b	Completed									of de					
page	S							10	Yes 20 No	101	Yes 20 No				
	Be	25. Wes case referred to medical examiner?					28. Place of De	ath (Check only	one)						
0 0	၉	1 Yes 2 No	Hospital: 1 Inpatie	nt 2 ER/O	utpatient 3	DOA C	other: 4 Nursing	Home 5 ☐ Res	idence 6 🗆 Oti	her (Specify)					
		27. Menner of Death	28a. Dete of Injur	y 28b.	Time of	28c. Inj		28d. Describe how injury occurred							
E S	atic	2 Accident Investigation M 1 Yes 2 We													
Direct	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Placa of Injury - At home, farm, building, etc. (Specify)				factory, offic	9		Location (Street and Number or Rurel Route Number, City or Town, State)						
A 40 A	edicai C	29a. Certifier (Check only one) (Check only one)	ysician: To the best onliner: On the besis of	examination an	e, death occord/or investi	curred et the	time, date and place opinion, death occ	e, and due to the urred at the time,	cause(s) end m	anner as stet	ted. he cause(s)				
日本日	Me	29b. Signature end title of certifier	and manner sta	ted.	1	200 Line	nse number		20d Data sign	ad (Month Dr	au Voort				
6 8	-	200. Organization of the title of continer		/		290. LICO	[/ / _	D	29d. Date signe	I (Month, De	5,000				
1			\sim	/		$\perp 0$	1910	1	4-1	0	7				
0		30. Name and address of person who	completed cause of de	eath (Item 23e)	(Type, Prin	t)	Gu	4	, (-				
4		1600	J. Cra	- Mi	PLW	9	Green.	Burn	e un	1-2	106.				
Stat	te	31. Date filed (Month, Day, Year)	32 Registra	r's Signature	mds 89	1					0/				

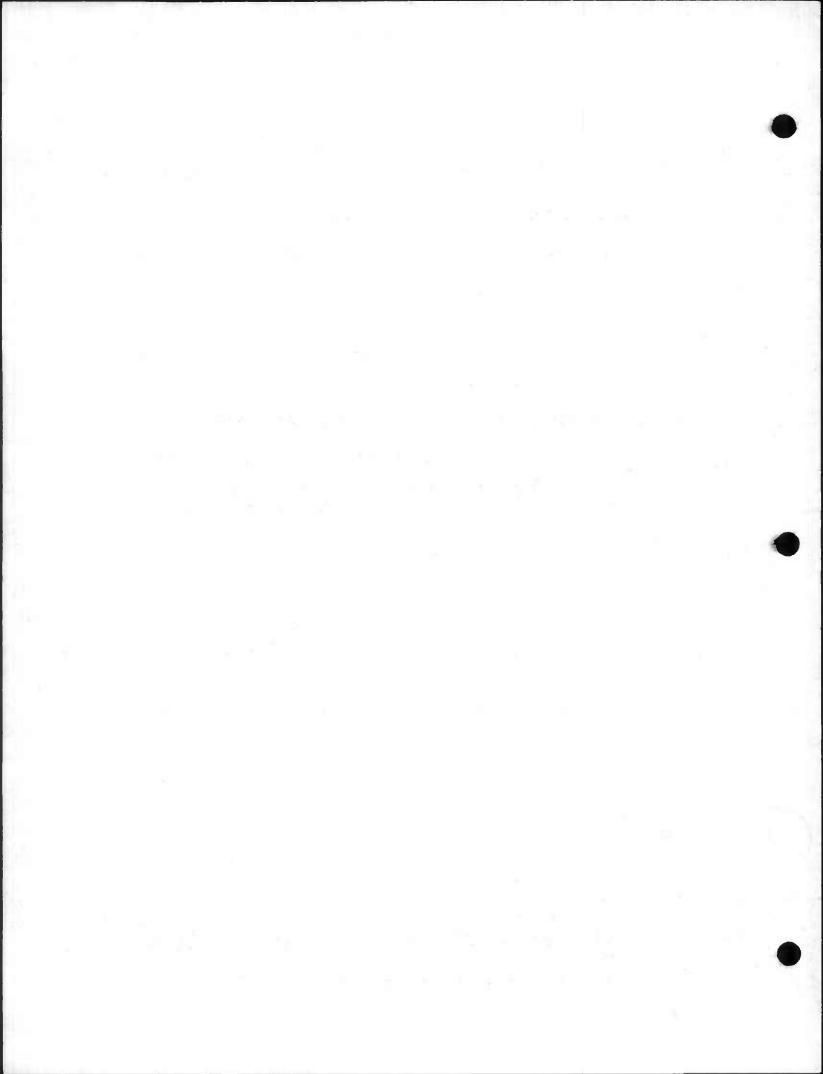


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth Month. Voaplhut Apri 4b. City, Town, or Location of Deeth 4c. County of Deeth

1. Decedent's Name (First, Middle, Last) 3 Time of Deeth 99.50 **Physician** 2005 WS /Medical 4e. Fecility Name (If not institution, give street and number) Examiner 06 200manore HOSDITAL Saltmore N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) OCT. 20,1911 7. Age (In yrs. last birthday) **Funeral** 9. Birthplece (State or Foreign Months Deys 1 X M 2 □ F 216-20-9141 Yrs 85 Director IOWA Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at MARYLAND BALTIMORE BALTIMORE Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 238 3302 TERRAPIN ROAD 21208 USA Funeral Hema 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorcad WHITE Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry should be filed within 7 and Mental Hyglene. Elementary/Secondery (0-12) College (1-4or 5+) ATTORNEY LAW 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Pages 1 and 2 should be fament of Health end Mental Int. If item 27 Is marked of LEON VOGELHUT FANNTE GRABER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Heath er Important: if item 27 is any injury or other trau MR. STEVEN VOGELHUT (SON) 12125 HENESON GARTH OWINGS MILLS, MD 21117 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete 1 Duriel 2 ☐ Cremetion 3 ☐ Removel from State BETH TFILOH -4-14-97 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licanse 22. Name end Address of Fecility SOL LEVINSON & BROS., INC.

8900 Reisterstown Road Pikesville, MD 21208
Approximate Interval Between Onset end Deeth 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final e week disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of): INO WERKS Examiner ag ea that the deeth certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lesf Que to (or es e consequence of) weeks physician s the burial Box 68760. Physician/Medical to (or es e consequence of) P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? O'SSTRUCTURE 1 Yes 2 No 3 Probably 4 Unknown signed b þ Records, 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 The 2 X No 1 ☐ Yes 2 No ta 25. Wes case referred to medical Be 26. Piece of Death (Check only one) examiner? Hospital: 1 Appatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menner of Deeth 28a. Date of Injury (Month, Dev Year) 28b Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Nefurel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 24 hours 29a. Certifier (Check only one) 12 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. edicai To the Hospi within 24 hou To the Funer completely fil 29d. Date signed (Month, Dey, Year)
April 2 1997 29b. Signature and title of certifier 29c. License number 1696

Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Hospital of Buthwore oschowyh, sivai 31 Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State APR 16 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Deeth **Physician** JOHN WALLER APR 13 1997 10:51 am /Medical 4a. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE If Under 24 Hrs. STREET 2451 FRANCIS CITY If Under 1 Yaar 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, You AUG. 23 6. Sex 9. Birthplaca (State or Foraign **Funeral** Vear 100 M 20 F Months Deys Hours Min 77 1919 VIRGINIA Director 216-10-0049 Usual Residence of Decedent death with the Mandend 10a. Stete 10b. County 10c. City, Town or Location Show 10d. Inside City Limits r than "neturel", or items 23a or 28a-f show the Medical Examiner must be notified at XXYes 2 No Directo MARYLAND N/A BALTIMORE CITY 10e Street end Number 10f. Zip Code 10g. Citizen of Whet Counfry? 2451 Francis STreet U.S.A. 21217 Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 11 Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2(TVNo 1 ☐ Nevar Merried 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify Specify: BLACK þ 3 X Widowed 4 □ Divorced Year or Dates Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) Collage (1-4or 5+) Masonary City Of Baltimore 7th grade 17. Fether's Neme (First, Middle, Last) other traumatic event, 18. Mother's Nama (First, Middle, Meiden Surnema) Be permit. Pages 1 end 2 should be Depertment of Health end Mental Important: If Item 27 is marked or any Injury or other traumatic eve Peyton Waller Carrie Lee 19e. Informent's Nema/Ralationship (Typa, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Louvenia Owens/Daughter 2451 Francis Street, Baltimore, Maryland 21217 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State Burlal 2 Cramation 3 Removel from State 4 Donetion 5 Other (Specify) 4-19-97 TOWSON, MARYLAND Dulaney Valley 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 21. Signeture of Funaral Service Licen-1206 W. NORTH AVENUE 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximete Intervel Between Onset and Daeth Physician /Medical Immadiate Ceuse (Final disease or condition rasulting in deeth) Examiner Examiner use as the buriel-transit pue Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury Due to (or es a consequence of) certificete be exec of Vital Records, P.O. Box 68760. signed by the attending physician d be detached for use as the burie Physician/Medical that initiated avents resulting in death) Lest Due to (or es e consequence of) jo Pert II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Ware autopsy findings available prior fo complation of cause of deeth? Completed 24e. Wes an eutopsy parformed? peen This certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case rafarrad to medical examinar? Be 26. Pleca of Daath (Check only one) Othar: 4 Nursing Home 5 Residance 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: vision 5 Panding invastigation 1 Natural Injury 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicide 28e. Placa of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Phyeician: To the bast of my knowledge, death occurred et the time, date end place, end due to the cause(s) end menner es steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end menner stated. Medical 29a. Certifiar 24 ho (Check only To the To To the F 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Yeer) 30 Nama and address of person who complated causa of death (Itam 23a) (Type, Print) 48201 KEE

22. Registrar's Signitura

State Registrar 31. Data filed (Month, Day, Yaar,

APR 16 1997

				State of Maryla		tificate of			giene) Reg. No.	1	11470
	Physic		Decedent's Name (First, Middle, Les CHARLES			1		2. Dete of Dee	Day.	Yeer 197	3. Time of Death
	/Medi Exami		4e. Fecility Name (If not institution, give Manyard Crep)	street end number)	pspita	1	4b. City, Town, or Balfim	Location of Deeth	4c. County		
	Funerai Director		5. Sociel Security Number 6. Se		s. lest birthday)	if Under 1 Year Months Deys	If Under 24 Hrs	8. Dete of Birth	1	9. Birthple Count	**
	how		10e. State 10b. County	10c. 0	City, Town or Lo	cation				10	od. Inside City Limit
	ha Ma 8a-f s	Director	MARYLAND N/A		BAL	TIMORE (CITY				1 Nes 2 N
	Mith t		100. Street and Number	A AVENUE ADT	412	10f. Zip Code	17		IOg. Citizen of V		ry?
	daath	Funeral	1100 PENNSYLVANIA	12. Was Decedent Ever in Armed Forces?	413 U,S. 13. V	Vas Decedent of	L / Hispenic Origin? (5 ben, Mexicen, Puer	Specify Yes or No-		e - Americe	
0500	72 hours after death with the Meryland "neturel", or items 23s or 28s-f show added Exercities must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:		Yes 2 💢 🌿		to rican, etc.)	Specify	BLAC	
21215-0020	C . 41	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cetion le completed) College (1-4or 5+)		lent's Usuel Occu kind of work done OO NOT use retire	pation during most of wo ad)	orking '	16b. Kind of Bu		ustry
nd	should be filed within and Mental Hygiena. marked other than imatic event, the M	BeC	UNKNOWN 17. Fether's Neme (First, Middle, Last)		1100	KIIIQII	18. Mother's Na	me (First, Middle,			
Maryland	2 should be and Mental is marked o	To	Thomas Williams				-	William			
Ma	alth and 27 is m		19e. Informent's Neme/Reletionship (T)				t end Number or R				
re,	of Haalth of Haalth item 27 r other tr		Betty Thames/Gran	20b.	. Piece of Dispo:	CECTLA' sition (Neme of netory or other ple	venue, Ba	Date Date	11ary 1 a 20c. Location -		
in in	Pagas mant of I ant: If Ite ury or of		1XXeuriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)			M.C. Cer		4-18-97	WhiteMa	rsh,	Maryland
Baltimore,	permit. Pagas 1 a Department of Has Important: if item sny injury or othe pnce.		21. Signeture of Funeral Service Lice	P. (O)	10 22	. Name end Addr	ess of Fecility WI	LLIAM C. 206 W. NO	BROWN	COMMU	NITY F/H
			23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	lications that ceused the dene ceuse on each line.	eth. Do not ente	er the mode of dy	ing, such as cardia	c or respiretory err	rest,		Approximete Intervel Between
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting In death)		dial (or es e conseq		tion		У.		Onset end Deeth
	pe lisit	Examiner		STROKE						i	
60,	ficate be axecuted physician end ss the bunal-transit		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	e Pneumonia	(or es e consequence)	uence of):			30		
Box 68760,	5 D.O	n/Medical	resulting in deeth) Lest	Due to	(or es a consequ	uence of):					
	tha death cert y tha attending sched for usa is	Physician/M	Pert II. Other significant conditions con	ntributing to death but not re	esulting In the ur	nderlying ceuse gi	ven in Pert I.	23b. Did to	obacco use cor	tributa to	the cause of deat
s, P.0	ires that the de signed by the a d be detached	by Phy						1 🗆 Y	es 2□ No	3 Prob	ably 4 Onkno
of Vital Record	aw requisite been 2 should	Completed						24e. Wes e perfor		com	re eutopsy findings lieble prior to apletion of cause eath?
<u>a</u>	The ata h							1□ Y	es 2 No	10	Yes 2□ No
\frac{1}{2}	Physician: The this cartificata ral director, par	o Be	25. Was cese referred to medicel examiner? 1 ☐ Yes 2 ☑ No	tospitel:	7550	Ot Ot	her:	ath (Check only or			
	Aftar funa	rtification: T	27. Menner of Deeth 1 DNaturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju	4 LI Nursing r	dome 5 Reside			
Division	Difference Difference: of larby tha	Sertifica	3 Sulcide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, farm, stre			28f. Location (S. City or Town	treet end Numbern, Stete)	er or Rurel	Route Number,
(4	Belleaff (29a Certifier 1 Certifying Physical Control Check only one) 2 Medical Exami	sician: To the best of my kn ner: On the basis of exemin end menner steted.	nowledge, deeth netion end/or inv	occurred et the ti estigetion, in my	me, dete end plece opinion, deeth occu	e, end due to the curred et the time, d	euse(s) end me ete end plece, a	nner es sta and due to	ted. the cause(s)
1	3121	2	29b. Signeture end title of certifier	anual, m	1 · D .	29c. Licen			9d. Dete signed		
,	3		30. Name, end eddress of person who co	ompleted ceuse of death (Ite		Print)	39263 prylan	1 (7/17	191	stal
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Sign	neture	4.111	ungiure	c cyen	Kel ,	Most.	nac.
	Registr	ar	4/14/97	► APR	1 6 1007		Marila	72. J. M.			

64.655.7

				Cert	ticate	of Dea	th		Re	g. No.		- / 11	
1. Decedent's Name	(First, Middle, La	Allan		Wi	ngard				Date of Death Month	Day 8 19	Yeer	3. Time of Dea	
4a. Facility Neme (If	not institution, gh	e street and number)		0	4b. City	, Town, or	Locati	ril on of Death	4c. County		6:35 a.i	
Broadm	ead					Coc	keysv	i11	e	Balt	imor	e	
5. Social Security No. 255-10-2 Usuel Residence of	260	Sex 7. A 1 M 2 □ F	ge (In yrs. les 84		If Under 1 Months E	ear If United House	nder 24 Hr urs Mir	1.	Date of Birth (Month, Day, Year) 9. Bir		9. Birth	inthplace (State or Forei Country) Georgia	
10a. State	10b. County		10c. City,	Town or Loca	tion							10d. Inside City Li	
Maryland	Baltim	ore		Cockeysville			11					1 ☐ Yes 2 💢	
10e. Street end Nurr		010		10f. Zip Code					10	g. Citizen of V	Whet Co	untry?	
13801 V	ork Road					21030				10211000000	USA		
11. Marital Status	JIK KOAU	12. Was Deceden	12. Was Decedent Ever in U,S.			21030 13. Was Decedent of Hispenic Or			Yes or No-	14. Rac		rican Indian,	
1 Never Marrie	4.5	Armed Forces 1 X Yes 2 ☐ If Yes, Give Yeer or Dates:	Yes 2 □ No s, Give 1 □ Yes 2 🖾 N				uban, Mexican, Puerto Rican, etc.)				ck, White		
	15. Decedent's E	ducetion		18a. Deceder	nt's Usual C	ccupation			10	6b. Kind of Bu			
(Speci	fy only highest grandary (0-12)	ede completed) College (1-4or	(Give kii life. DC	nd of work of NOT use i	one during etired)	ne during most of working							
12	, , ,	1		Inventory Manager			er			Pipe	Fi	ttings	
17. Father's Name (First, Middle, Last)						me (Fi	(First, Middle, Maiden Surnar				
Lamar	Eldri	dge Wi	ingard			Emma			0	leo		Chapman	
19a. informant's Na	me/Relationship	Type, Print)		19b. Mailing	Address (S	treet and N	ım <i>ber</i> or F	Rurel R	oute Number,	City or Town,	State, Z	(ip Code)	
	/	plications that coun one ceuse on each		10) W. 1	Funer Padond dylng, suc	a Ro	ad,	Timoni spiratory arres	um, MI	2	Approximate Interval Betweer Onset end Death	
disease or condition resulting In death)		a Lymp											
			Due to (or e	es a conseque	ince of):								
Sequentially list con if eny, leading to imi	mediate	b	Due to (or a	is e conseque	nce of):						İ		
ceuse. Enter Under Cause (Disease or I that Initiated events resulting in death) L.		c	Due to (or a	s a conseque	nce of):						-		
d.													
Part II. Other signific	ant conditions	ontributing to death I	out not resulti	ing in the und	erlying caus	e given in F	art i.		23b. Did tob	acco uee co	ntribute	to the cause of de	
ATRIAL	FIBRIC	LATIOU							1□ Yee	2□ No	3□Pr	obably 4 dunk	
									24a. Was an perform		6	Were autopsy finding available prior to completion of ceuse of death?	
									1 ☐ Yes	2 1 No	1	☐Yes 2☐No	
Cause (Disease or Injury that Initiated event initiated event						heck only one,)						
1 Yes 2 1	lo	Hospital: 1 ☐ Inpati	ent 2 EF	R/Outpatient	3□ DOA	Other: 45	Nursing	Home	5 🗆 Residen	ce 8 Oth	er (Spec	city)	
27. Menper of Death 1 Naturel 2 Accident	5 Pending investigation	28a. Date of Inju (Month, Da	ay Year) 2	8b. Time of injury	28c.	Injury at Work? 1 🗆 Yes		-	Describe how				
3 ☐ Suicide	6 Could not b		iury - At hom	e farm stree	factory of	fice		28f.	Location (Stre	et and Numb	er or Ru	real Plauta Alumbas	

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.
To the Funeral Director: After this certificate has been signed by the ettending physician end completaly filled in by the funeral director, page 2 should be detached for use as the burial-trensit Division of Vital Records, P.O. Box 68760,

Be Completed by Physician/Medical Examiner

Medical Certification: To

Physician /Medical **Examiner**

Funerai Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mentel Hygiane. Important: If Item 27 is marked other than "natural", or itema 23a or 28a-4 show any injury or other traumatic event, the Medical Examiner must be notified at once.

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

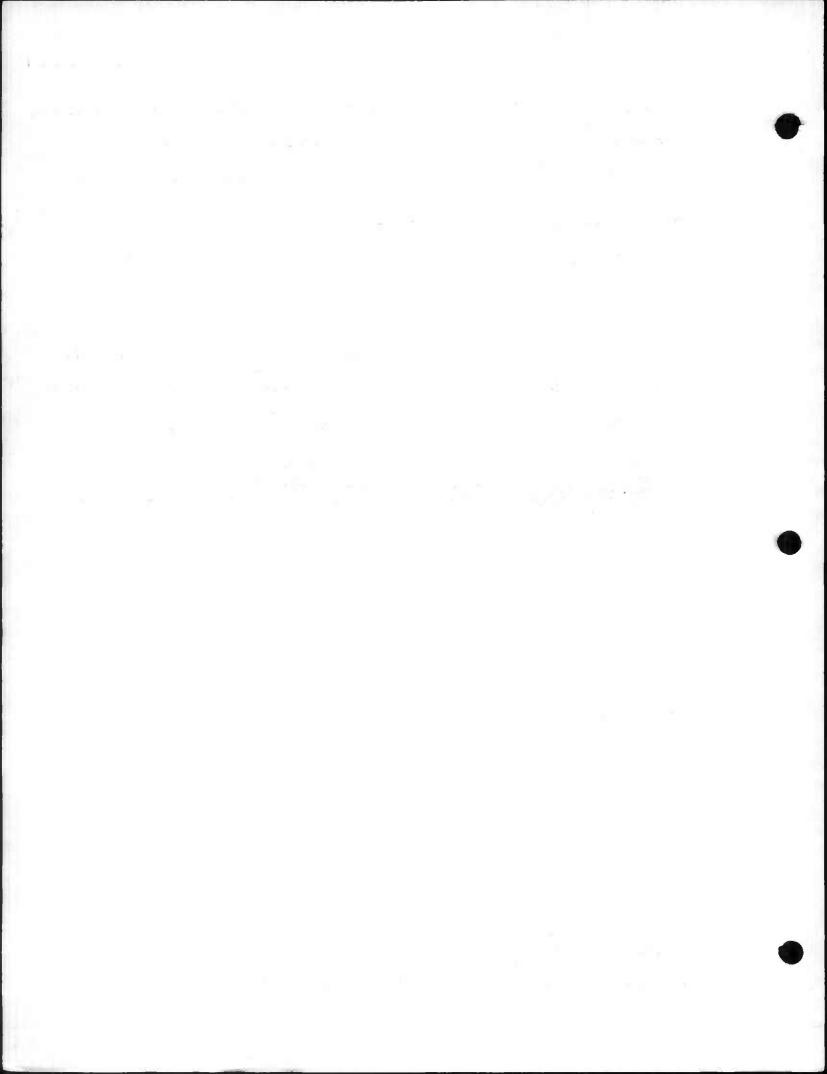
1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

110EEC 4-8-97

32. Registral spignature don Randalle PHOGNIX Ma 21131 PAPGRAILL Rel

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1472 Item: 8 per F.H.G-746 4/17/97 reb Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death WHITEHEAD LAINE 3:10AM HORIL 4b. City, Town, or Location of Death ORN BURNIE If Under 24 Hrs. 8. Date of Birth Facility Nama (If not institution, give street end number) 4c. County of Death RUNDE NNe yrs. last birthday) 5. Social Sacurity Numb 8. Date of Birth july 11 Birthplace (Stata or Foreign Country) 1 ☐ M 2 🕅 F 218-16-1270 Yrs. 2.1924 Massachusetts Usual Rasidance of Decedant 10h County 10c. City, Town or Location 10d. tnsida City Limits 1 Yas 2 No Sussex Delaware Lewes 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 Holly Way West, U.S.A. 19958 Angola By The Bay 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Navar Marriad 2 ☐ Married 1 Yas 2 No Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4pr 5+) Homemaker 10 Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) Fred Paradise Helen Burgess 19a. tnformant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Alfred Ciamarra (Son-in-Law) 300 Norman Avenue Glen Burnie, Maryland 21061 20b. Place of Disposition (Nama of cematary, cramatory or other place) April 20a. Mathod of Disposition 20c. Location - City or Town, State Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Spacify) Lorraine Park Cemetery 14,1997 Woodlawn, Maryland 21. Signature of Fineral Service Licenses 22. Name and Addrass of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Part1. Enter the disaasa, or complications thet caused the death. Do not antar the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on aech line. Approximeta Interval Batw Immediata Cause (Final CONCETIVE 712 mg. disaasa or condition rasulting in deeth) >12 mus. Dua to (or as a consequence of) Dua to (or as a consequence of): CYNDSZOME

Physician /Medical Examiner

and

physician s the buriel

been signed by should be detac

page 2

After

efter deeth. Director: Af d in by the fu

98

Physician

/Medical

Examiner

10a State

Funeral

Director

"natural", or Items 23a or 28a-f show soicel Examiner rust be notified at

the Medical

nd Mental Hygiene. marked other than

of Health end fitem 27 is m r other traum

Important: if its any injury or o

Peges 1 and 2 should be nent of Health and Mental

permit. Pege Department

The law requires that the death certificete be executed

P.O. Box 68760.

Records.

Division of Vital Attending Physician: Director

Funeral

þ

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

death with the Meryland

filed within 72 hours after

Baltimore, Maryland 21215-0020

Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Couse (Disease or Injury that Initiated avants resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 Yes 2 No 3 Probably 4 Unknown

24a. Was en autopsy performed?

24b. Wara autopsy findings evailabla prior to complation of cause of deeth?

1 Yas 26. Placa of Daath (Check only ona) 1 Yas 2 No

25. Was casa referred to medical 2 No 1 Yas 27. Manper of Death

5 Panding investigation 6 Could not be 28a. Data of Injury (Month, Day Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Tima of

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 28d. Dascribe how Injury occurred

29a, Cartifian

Natural

2 Accident

3 ☐ Suicida

4 ☐ Homicida

Certifying Physician: To the best of my knowledge, death occurred at the time, data end piece, end due to the causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titia of certifier

29c. License number

29d. Data signed (Month, Day, Yaar)

28f. Location (Straat end Number or Rural Routa Number, City or Town, Stete)

23b. Did tobecco use contribute to the cause of death?

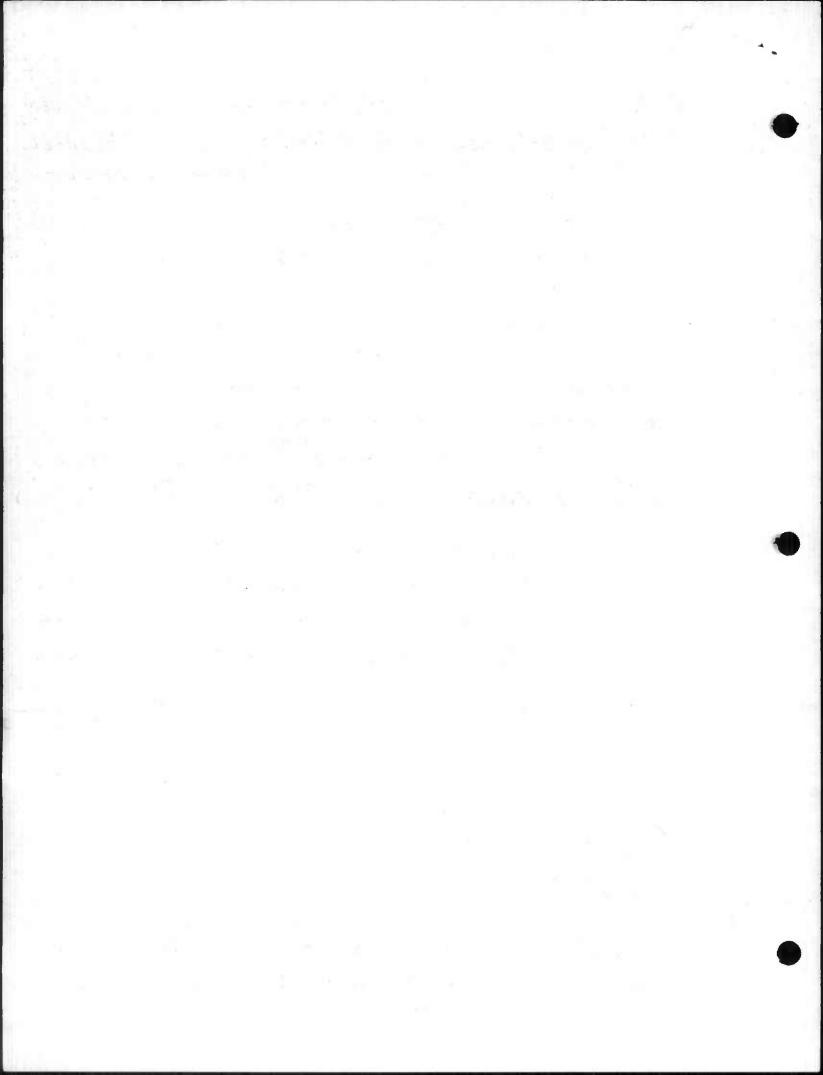
28a. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

NAVE, GUN BURNIE.

30 Nema end address of parson who completed causa of death (Itam 23a) (Type, Print) UKETUNI 301

32. Pagistrar's Signatura

State Registrar



State of Maryland / Department of Health and Mental Hygiene

	4	7	3
- 1	- 0		-

Physician /Medical Examiner

3. Tima of Death 4:17 pm

10d. Insida City Limits

1 Yas 2 □ No

4e. Fecility Nama (If not institution, giva street end number)

Funeral

Director

Director

Funeral

þ

Completed

Be

the Maryland Examiner must be notified at 6 Items 23a 6 "natural",

traumatic event, the Medical Pages 1 end 2 should be filed within tent of Health end Mental Hygiene. At: If Item 27 is marked other than ' permit. Page Department o important: If any Injury or 5

Baltimore, Maryland 21215-0020

Box 68760.

P.O. I

Records,

of Vital

Division

Physician /Medical Examiner

Examiner certificate be executed pue the buriel physician Physician/Medical SE for use as The faw requires that the deeth ed by the e signed by t þ Completed page 2 s certificate hes Be 2 # efter dec. this Certification: or Attending

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth MARCH 27, ROSLYN YARBOROUGH 1997 4b. City, Town, or Location of Deeth 4c. County of Deeth MARYLAND GENERAL HOSPITAL BALTIMORE N/A 8. Deta of Birth Month, Day, Year) 09/25/1954 5. Sociel Security Number If Under 1 Yaar 7. Aga (In yrs. lest birthday) If Under 24 Hrs. 9. Birthplace (Stata or Foreign Months Deys Hours 1□M 20 F 214-58-6775 42 Yrs Maryland Usual Rasidance of Decadant 10a Stete 10b. County 10c. City, Town or Location MD N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 4038 PARK HEIGHTS AVENUE 21215 U.S.A. 12. Was Decedant Evar in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien, Black, White, etc. 1 ☐ Yas 2 ☐ ÑNo if Yas, Give Yeer or Datas: 1 Navar Married 2 Married 1 Yas 2 XNo Specify: Specify: Black 3 ☐ Widowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 18b. Kind of Businass/Industry Eiamentary/Sacondary (0-12) Collega (1-4or 5+) Home Homemaker 12th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Charlie Yarborough Viola Wilson 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Bridgette Booker 624 N. Eutaw St., Apt. C, Balto., MD 21201 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 【XCramation 3 ☐ Removal from Stata Metro Crematory 4/2 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD & SON FUNERAL HOME, P.A. BALTO. 21207 21. Signature of Funeral Service License 22. Nama and Addrass of Facility
LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE., BALTO. and, or complications that causad the deeth. Do not anter the mode of dying, such as cardiec or respiratory errest, list only one cause on each line. tmmediata Causa (Final Anterior-Lateral Myocardial Infarction Acute disease or condition rasulting in death) Dua to (or as a consequence of): Dua to (or es e consequance of):

Saquantially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated evants rasulting in daath) Last

Due to (or as a consequence of)

Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I.

Hypertension, Anoxic Encephalopathy

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes an autopsy performed?

24b. Ware autopsy findings available prior to complation of causa of daath?

Approximata Intervei Batween Onsat and Death

1 Yas 24 No 26. Piaca of Death (Check only ona)

1 ☐ Yas 2 X No

25. Was casa rafarred to medical 1 Yas 2 No 27. Mannar of Death

5 Panding Invastigation 6 Could not be

Hospital: 1 🖾 Inpatiant 28a. Data of injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Tima of

28a. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

28d. Dascribe how injury occurred

29a. Cartifiar (Check only one)

edical

2 Accident

4 Homicida

3 Suicida

Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piece, end due to the cause(s) and manner stated.

29b. Signetura and title

29c. Licansa number 89277 29d. Dete signed (Month, Dey, Yaar) 91

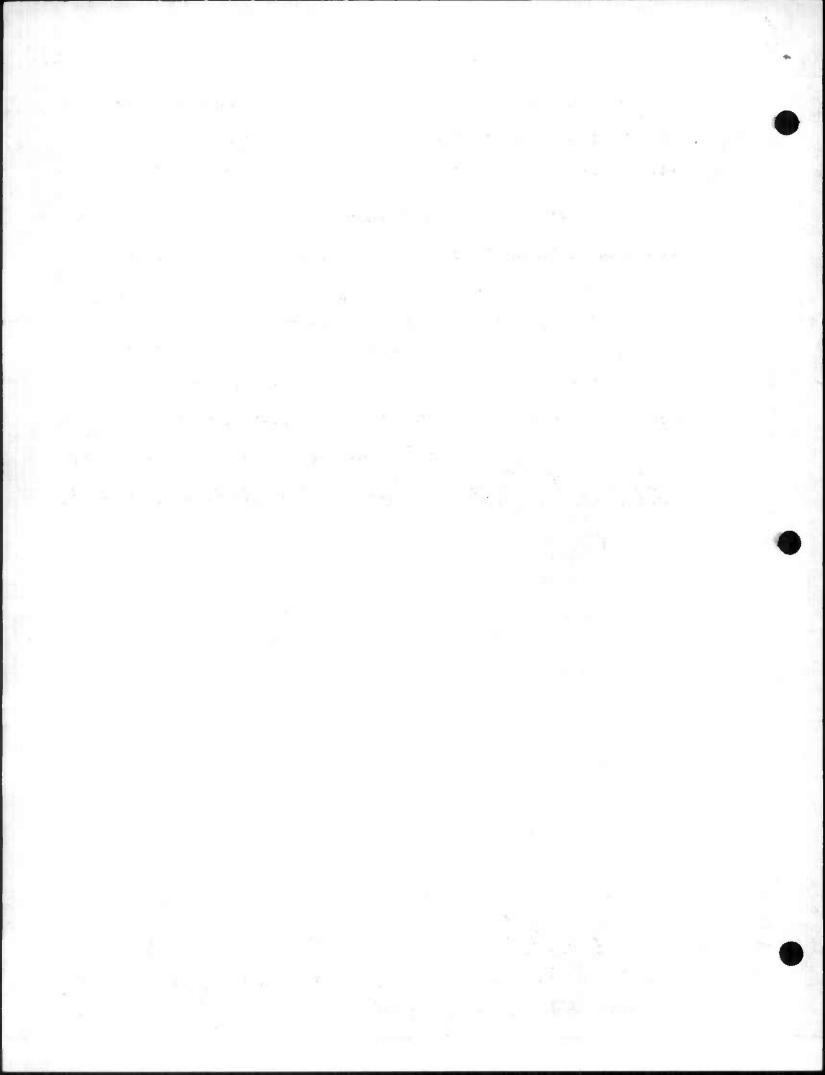
28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

W 30. Nama and address of pers

who complated causa of daath (itam 23a) (Type, Print)

Nicolas Uzkategui, M.D. c/o Maryland General Hospital

State Registrar 32. Ragistrar's Signatura his Davidson-Abordables



State of Maryland / Department of Health and Mental Hygiene

							Cei	tificate of	Death		Reg. No.)	114/4
Г	Physic	ian	1. Decedent's Name (2. Date of Dec	ath Day	Year	3. Time of Death
	/Medi		DORI			GLE	R			APRI	114	97	1.40 P.1
	Exami	ner	4a. Facility Name (If n St. Agnes			nber)			4b. City, Town, or Baltimo		4c, County	of Death	a
	Funeral Director		5. Social Security Num 212 12 227		ax □ M XX F	7. Aga (In yrs. 83	lest birthday) Yrs.	If Under 1 Yaa Months Days			y, Year)		olaca (Steta or Foraign otry) ryland
	pu &		Usual Residence of Di 10a. State 1	ecadent 0b. County		10a Ci	h. Tourn as la	antion					
	a-f sho	tor	Maryland	Balti	more	100. 01	ty, Town or Lo	Cation	Baltimor	e		1	0d. fnside City Limits 1 ☐ Yes 2 No
	or 28	Director	10e. Street and Numb					10f. Zip Code			10g. Citizen of \	What Coun	itry?
	23a	Ta I	8800 Walth	er Blvd	,, Apt.	4402		2	1234		United	l Staf	tes
020	hours after death with the Maryland urat; or ferns 23a or 28a-f show at Exarcines must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 3 ☑ Widowed 4	_	12. Was Dece Armed For 1 ☐ Yes If Yes, Giv Year or Da	2 No	1	Was Decedent of fYes, specify Cu I ☐ Yes 2 🕱 No	Hispanic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		a - Amaric ck, White,	
5-0	"natural",	ted	(Specify	i. Decadent's Ed only highast gra	lucation		16a. Deced	lent's Usual Occu	Usual Occupation		16b. Kind of B	usiness/inc	dustry
21215-0020	withir	Completed	Elementary/Second		College (1	-4or 5+)	(Give kind of work done during mo life. DO NOT use retired) Personel Assistan					yland State Gov	
Maryland		To Be C	17. Father's Name (Fit Alfred	st, Middle, Last)	Ε.		Short	t	18. Mother's Na Dora	me (First, Middle,	Meiden Sumen		wley
	nd 2 shallth and 27 is m		19a. Informent's Name Lynne Lomb						et end Number or A Rd., Balt				Code)
Baltimore,	10		20a. Method of Disposition One of Disposition Date Date										
Balti	permit. Pages Depertment of Important: If i any injury or once.		21. Signatory of Fune				CA CA	Name and Addi		hrmann F	.A.		
	Physician	П	23a. Pert1. Enter the shock, or heart for	disaase, or compailure. List only	olications that ca one cause on ea	aused the deat ach lina.						e, M	Approximate Interval Between Onset and Deeth
4	/Medicai Examiner	П	Immediate Cause (Final disease or condition PNEUMONIA										DAYS
		Je.	resulting In death)		£	Due to (c	or as a conseq	uence of):	EME	NTIA			YEAR
oʻ	eath certificete be executed attending physician end for use es the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying										
68760,	ficete be g physicia es the bu	that initiated events resulting In death) Last Due to (or as a consequence of):											
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Division	Attending r death. ector: Alle by the fune	cation	2 Accident	Pending investigation		of Injury h, Day Year)	Injury		Yes 2□ No				
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_	9 20	Ž	29b. Signature and title	of certifier	ME,	RA	11	29c. Lican	sa number		29d. Date signed	d (Month, L	Day, Year)

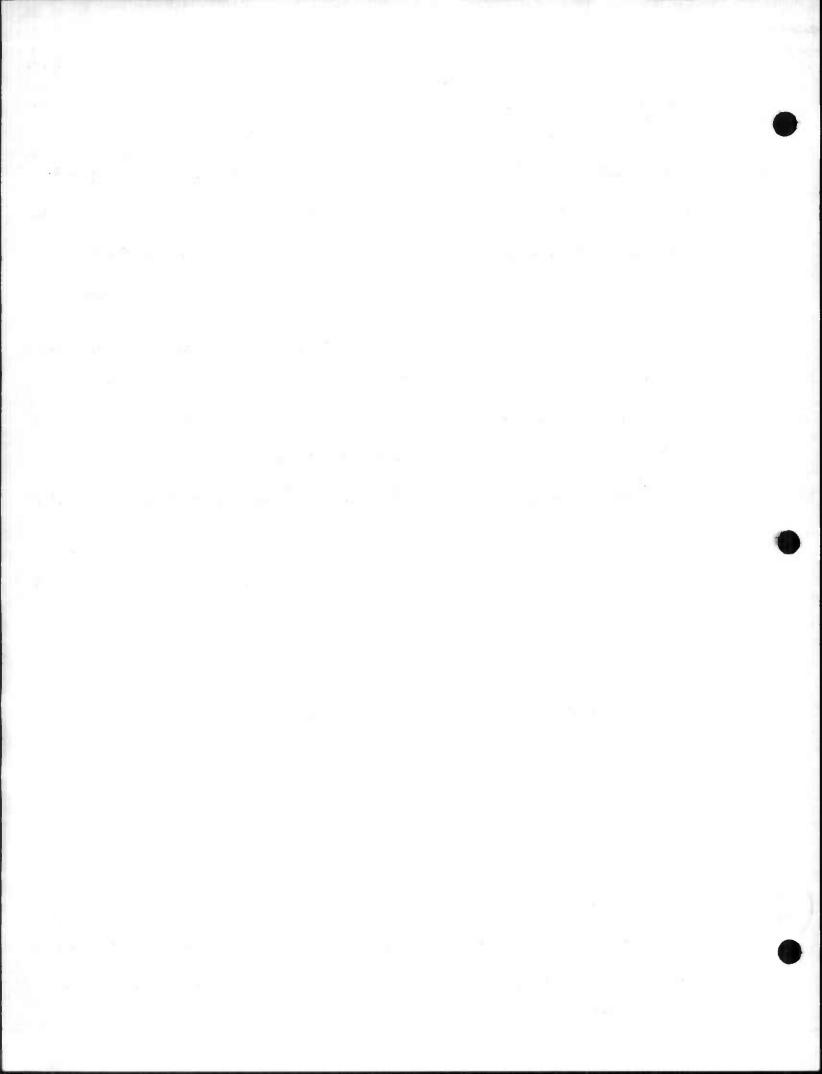
State Registrar

31. Dete filed (Month, Day, Year) APR 1 6 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

DR. T. MEHRA, 900 CATON AVE, BALTIMORE, M.D.

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** BEN AMIN

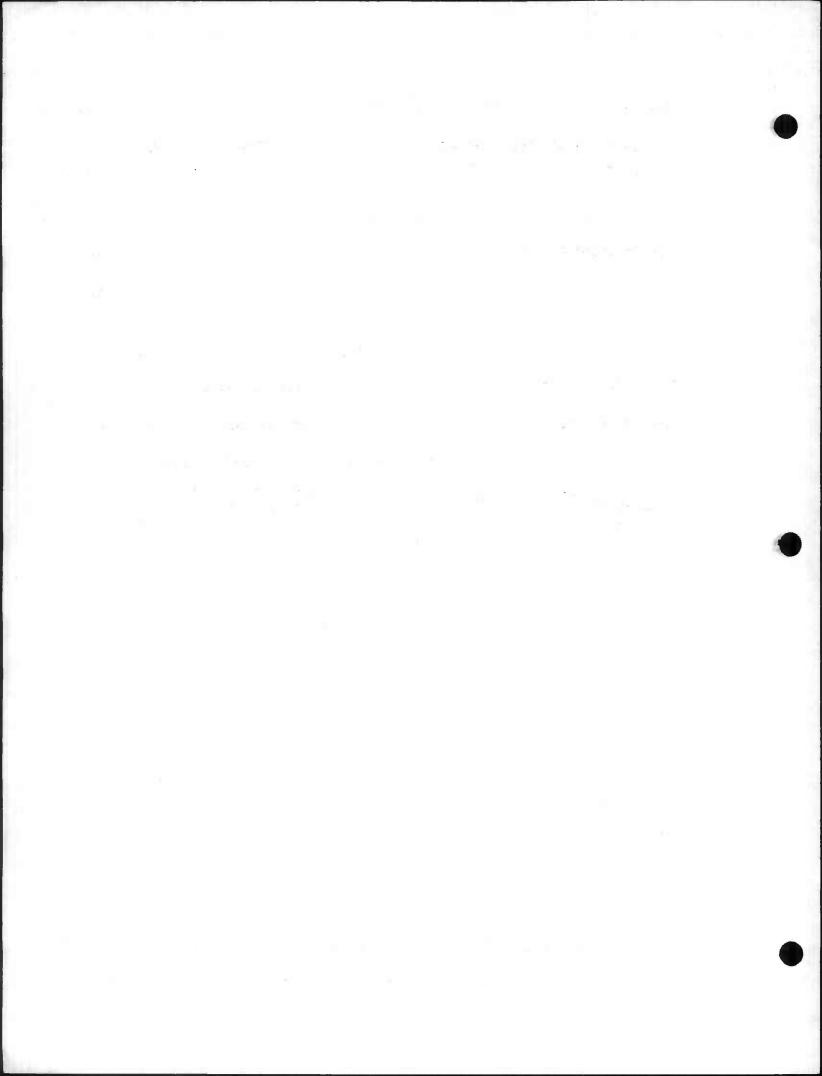
4a. Facility Name (If not institution, give street and number) March 1205 PM /Medical 4b. City, Town, or Location of Death Examiner ROCKVILLE MC
If Undar 24 Hrs. B. Data of Birth
Month, Dex, Yasrl
Aug. 4, 1912 SHADY GROVE ADVENTIST HOSPITAL 5 Social Sacurity Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) 6. Sax **Funeral** 9. Birthplaca (Steta or Foraign 10℃M 2□ F Days 578-58-8166 Wisconsin Yrs. Director Usual Rasidance of Dacedant filed within 72 hours after deeth with the Meryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at **Funeral Director** MD 1 Yas 2 No Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ò 9216 Edgewood Drive 20877 United States or items 23a 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. White 1 ☐ Navar Married 2 ☑ Married 21215-0020 1 Yas 2 No Specify: Completed by 3 Widowad 4 Divorced "natural" 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Peges 1 end 2 should be filed within 7. Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "na any injury or other traumetic event, the Modis College (1-4or 5+) Elamentary/Sacondary (0-12) Physicist Government Baltimore, Maryland 17. Fathar's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Harris Z. Axilrod Bessie Cohen 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Gertrude D. Axilrod 9216 Edgewood Dr. Gaithersburg, MD 20877 20b. Place of Disposition (Nama of camatary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 Donation 5 Othar (Spacify) Judean Memorial Gardens | 3/27 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Edward Sagel Funeral Direction -Dan Simons 1091 Rockville Pike Rockville MD 20852 23a. Part 1. Enter the distlass, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batweer Onsat and Death **Physician** /Medicai Immediate Causa (Final · Cerebrovascular accident - hemorrhagie disaasa or condition rasulting in daath) Examiner Dua to (or as e consequanca of) Examiner HyperFusian
Dua to (or as a consaquance of): The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to Immadiata ceuse. Entar Undarlying Ceusa (Disaase or injury that initieted avants rasulting in daath) Last Renal Artery stenosis Box 68760. ettending physiclan for use es the bune Physician/Medical Dua to (or as a consequence of): P.O. I been signed by the e should be deteched i Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performad? this certificate hes 1 Yas 2 No 1 Yas 2 No Hospital or Attending Physician: Be 25. Wes casa rafarrad to medical 26. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 2 1 Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred After 1 Natural 5 Pending Investigetion I hours effer death. uneral Director: Aft siy filled in by the fun 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not ba 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida within 24 hours e To the Funeral D completely filled 1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, deta end place, and dua to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of axamination end/or invastigetion, in my opinion, death occurred at the tima, date end placa, and dua to the cause(s) and mannar stated. edical 29a. Cartifier 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) Hand Affred m. D. March 25, 1997 l 0 30. Nama and eddress of person who completed causa of daath (Item 23a) (Type, Print)

David A Holder Mo, 869 Veirs Mill Rd, Roclantle Ma 20851 31. Data filad (Month, Day, Yaar) 32. Ragiotrar's Signatura State MAR 2 7 1997

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 97 | | 476

		1. Decedent's Name (First, Middle	, Last)							2. Dete of De			3. Time of Death
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uneral	П		6. Sex	7. Age (I	n yrs. lest birth		der 1 Year	If Under	24 Hrs.	8. Dete of Bir (Month, De		9. Birti	hplece (Stete or Forei
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P P	Funeral Director	MARYLAND MONT	GOMERY		ROCKV	ILLE							1∭Yes 2□1
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oth of		20a. Method of Disposition		1	20b. Pleca of I		Neme of			Dete		on - City or 1	
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John Davidson-Randelle

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Physic /Medi		LEONARD	PAUL		AMBRO			MARC	H 22,	1997	0750AN
Exami		4a. Facility Nama (If not institution, g. 5100 RANDOLPH		nber)				m, or Location of Dea		y of Death TGOMER	RY
Funeral Director		219-78-5496	Sax 1 M 2 □ F	7. Aga (In yrs. Ias 33	st birthday) Yrs.	If Undar 1 Yaar Months Days	Hours	Min. (Month, L	Sirth Day, Year) 27, 196	9. Birthplac Country 3 Texas	a (Stata or Fore
Sa-f show	ctor	Usual Rasidanca of Dacedant	George's		Town or Lo					10d.	Insida City Lim
23e or 28	al Director	10e. Street and Number 11206 Cherry Hil	1 Road,	Apt. T-4	4	10f. Zip Coda 20705			10g. Citizan ot	What Country	?
n 72 nours enter ossern with the marylend "natural", or frems 23s or 28s-f show spical Examiner must be notified at	by Funeral	11. Marital Stetus 1 Navar Married 2 Married 3 Widowad 4 Divorced		dant Ever In U,S. rcas? 2 X No	. 13.		dispenic Originan, Maxicen, Specify:	in? (Specify Yas or N Puerto Rican, atc.)		ce - Amaricen eck, Whita, etc	
c * #	Completed	15. Decedant's l (Specify only highast g	rada completed)		16e. Dece (Giva lifa.	dant's Usuai Occup kind of work done DO NOT usa ratire	pation during most of	of working	16b. Kind of I	Businass/Indus	stry
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h end Menta h end Menta 7 Is marked traumatic e	10	Philip Ambrose	(Time Print)		10h 14-21	na Address (Carre		epha Morco		State 7:- C	ode) 20705
		19a. Informent's Name/Ralationship	(Type, Print)					or Rural Routa Num			
nant of Health e		Sonya Ambrose 20a. Mathod of Disposition 1 XBunal 2 Cramation 3	☐Ramoval from S	olala	ca ot Dispo n <i>atary</i> , crai	osition (Nama of matory or othar pla	ce)	Road, Apt.	20c. Location	- City or Town	, Stata
Dapartment of Important: If it eny injury or once.		4 Donation 5 Other (Spec 21. Signature of Funaral Service Lice	**	Ga	te of	Heaven 2. Name end Addra	Cemete ass of Facility	ry 3/26/9 Francis J	7 Silver . Collin	Springs Fune	g, MD ral Hom
0 5 9 9	1	Chames S.	Jacker		50	00 Univer	sity E	Blvd., Wes	t Silve	r Sprin	g, MD 209
licata be physicia s tha bur	√Medicai Examiner	Saquantially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Disease or Injury that Initiated evants rasulting in death) Last	c	Dua to (or a							
	Physician	Part II. Other significant conditions	contributing to de	ath but not rasult	ing in tha u	ndarlying ceusa gh	ven in Part I.	23b. DI	d tobacco uae c	ontribute to th	ne ceuse of de
igned by the etter be detached for t	by Phy							1[Yes 2□ No	3 Probab	oly 4 Unkn
s been s 2 should	ompleted t							24a. Wa	as en eutopsy formed?	aveila	autopsy tinding ble prior to lation of cause ath?
page	5							178	DYas 2□No	1780	'as 2□ No
this certificate ral director, par	Be	25. Was cesa rafarred to medical axaminar?						of Daath (Check only	ona)		
this c	은	Yas 2 No	-		R/Outpatier	" SLI DON		sing Homa 5 ☐ Ra	-		CHURCI
r death. ector: After by the funer	cation	27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation	on 3.7	2. 97 U	8b. Tima o Injury	A Wo	yat rk? Yas 2∭XN	1	how injury occu	f	
新学で	Certification:	3.₹ Suicida 6 Could not 4 Homicida datarmined	Zoa. Place	ot Injury - At homing, atc. (Specify)	a, farm, str	raat, factory, office		28t. Location City or T	(Street and Num own, Stata)	oh Ra	louta Number,
within 24 hours of To the Funeral Completely filled	edicai	29a. Cartifiar 1☐ Certifying P (Check only one) Medical Exa	hyalcten: To tha l mtnar: On tha ba and mann	sis of axaminatio	edga, daati n and/or in	h occurred at tha til vastigation, in my o	ma, data and pinion, daath	place, and dua to the occurred at the time	a causa(s) and n a, data and place	nannar as state , end dua to th	ad. a ceuse(s)
	Me	29b. Signatura end til a of certification	2	_		29c. Licens	e number		29d. Data sign MARCH	ed (Month, Da I 23,	
) Sta	te	30. Name and Address of person who 31. Data tillid (Month, Day, Year)	NS.		1 Pe		et, E	Baltimor	e, Mary	land	21201

Registrar

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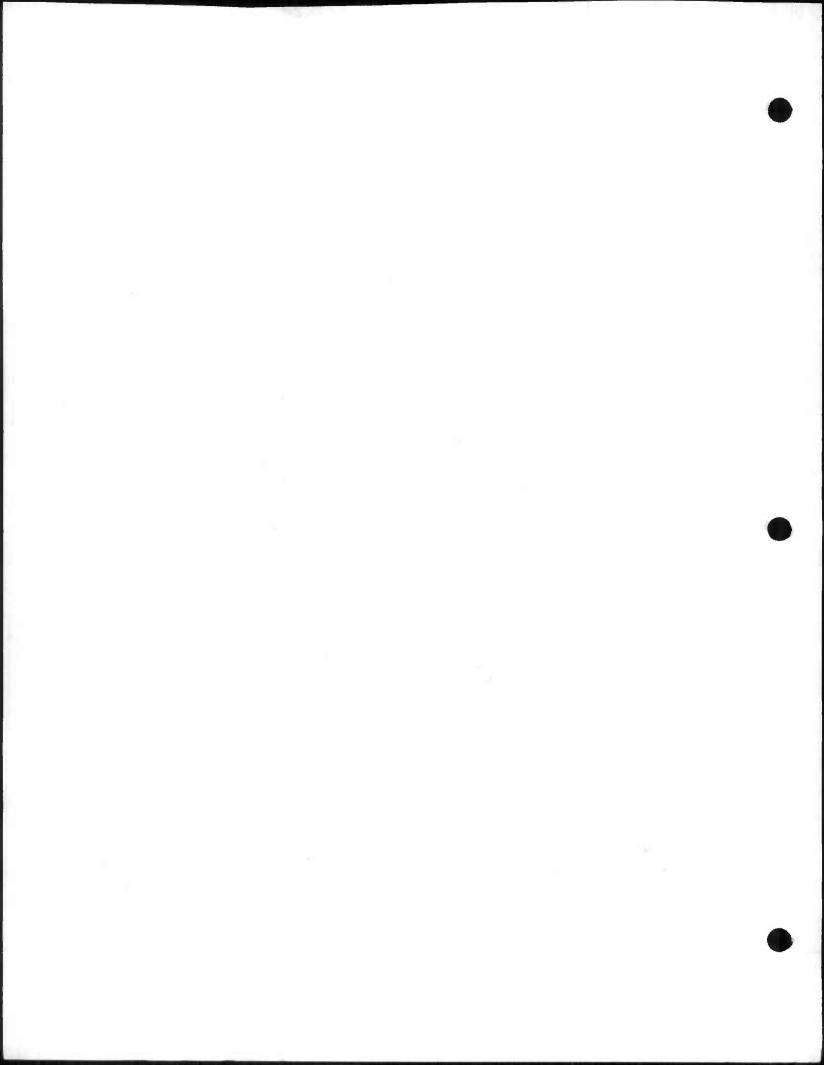
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DIVISION OF VITAL

. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have the chart with the Charles have not been as the burial-transit permit. Pages 1, 2, 3 should	be med within 12 hours are occur with the case copy, or negative processing the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this certi	IMPORTANT: If item 28 is marke

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.		11770
	1. OECEOENT'S NAME (First, Middle, Last) Irini 2	Ζ.	Agouridi	s		2. DATE OF DEATH MONTH 17,	1997 YEAR	3. TIME OF DEATH 11:30 P M
	The second secon	8. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morth, Day, Year) Dec. 23, 1	2 BIRT	HPLACE (State or Foreign rry) BBCB
	9e. FACILITY NAME (If not institution, give stree			b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF D	
OR	Randolph Hills Num	sing Home		Wheat	on		Montg	omery
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT				tod. INSIDE CITY LIMITS?
ן ה	10e. STREET AND NUMBER		Wa	shingto	ZIP COOE		10g. CITIZEN OF	1 X YES 2 □ NO
ERA	4905 41st Street	, N.W.			20016		Gree	
BY FUN	1t. MARITAL STATUS 1 1 ☐ Never Merried 2 ☐ Merried 3 ☒ Widowed 4 ☐ Divorced	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OF DATE	2 NO	If yes, spi		IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	Blac	E — American Indien, ik, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	TION mpleted) College (1-4 or 5+)		SUAL OCCUPATION to deno during mo retired.) Sewife	N at of working	16b. KIND OF BUS	Home	
w I	17. FATHER'S NAME (First, Middle, Lest) John Dellas					ME (First, Middle, Meiden abeth Pato	,	
10 8	190. INFORMANT'S NAME (Type/Print) Pete Agouridis / S	Son				Noute Number, City or Town		C. 20016
	20e. METHOD OF DISPOSITION t 1 Burlet 2 □ Cremetion 3 □ Remova	20b.	PLACE AND DATE OF	DISPOSITION /Ne	me of	DATE 20c. LO	CATION — City or T	own, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDIRAL SERVICE LICEN		rt Linco	Ln Ceme	ery D ADDRESS OF FA	3/20 Bren		neral Home
	Marie E1	HOLLE	un O	11800	New Ham	pshire Ave , Maryland	nue	
	23. PART I. Enter the diseases, or corehock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition		ch line.	t enter the mo	de of dying, auc	h ea cardiec or reepi		Approximate interval Between Onaet and Death
	resulting in death) a.	DUE TO (OP AS A	CONSEQUENCE OF	1 po	elære	1.0		3 weeks
TION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	10	- O de	chrotee		J Weeks
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	,,		reone		
AL C	PART II. Other algnificerit conditions	contributing to deeth bu	it not resulting in		cause given in	Part i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	despeter	Leilure	ex, co	erger	live	t TYES 2		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTIN				UNCERTAIL	N 🗆		T TES Z NO
SICIA		HOSPITAL:		OTHER:	s 5 Desidence	8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Sulcide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, atr	eet, lectory, offic	•	28f. LOCATION (Street of City or Town, Stete)	and Number or Rural	Route Number,
COMPLET	0.001	AN: To the best of my knowle On the basis of examination						(e) end menner es stated.
O BE C	246. SIGNATUM AND TITLE OF CENTIFIER ON KOKEF	been			29c, LICENSE NUI	MBER 34	≥ 3//	0 (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO BARRY ROSENBA	OM 372	O FAR	RAGU)	AUG.	Kaisin	6704,	MD 20891
	MAR 2 4	1997	Davidson-1	andell				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amend # 20c, 4/7/97, DLS, Allegany County State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Merle **Physician** Richard ABE April1 1997 10:30 P.M /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 15111 MOUNT SAVAGE ROAD, N.W. MT. SAVAGE allegany 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Devs Hours Min. (Month, Dey. 5. Social Security Number 9. Birthplece (State or Foreign **Funeral** 1⊠M 2□ F Deys Yrs. Director 235-32-7171 72 Aug. 31, 1924 West Virginia 1 Usual Residence of Decedent the Maryland 10e. State 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 1 ☑ Yes 2 ☐ No Director ALLEGANY MOUNT SAVAGE 10e. Street end Numbe 10f. Zip Code 10g. Citizen of Whet Country? ò 15111 MOUNT SAVAGE ROAD, N.W. 21545 Items 23a U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. the Medical Examiner filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married 1 X Yes 2 No If Yes, Give Yeer or Detes: '43-'46 Baltimore, Maryland 21215-0020 "natural", or Specify: WHITE 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind ot Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 2 MAINTENANCE ELECTRICIAN ELECTRICAL and Mental Hygi 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be CLARENCE RAYMOND ABE LUCY VIRGINIA WRIGHT 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Department of Health a important: if them 27 is any injury or other tracence. CONSTANCE ABE REYES/DAUGHTER 15122 MT. SAVAGE RD., N.W.-MT. SAVAGE, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State ABE CEMETERY 4/5/97 RTIDGELEY, WV 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Name end Address of Fecility GEORGE-UPCHURCH FUNERAL HOME, P.A. mplicetions thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, by one cause on each line. Pert1. Enter the disease, or comshock, or heer feilure. List only Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediate Cause (Finel arcinoma diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): for use as Part tt. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the Carcinoma 1 Yes 2 No 3 Probably 4 Unknown þ should should Completed 24a. Wes an eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? certificate has lirector, page 2 s DELNO 1 Yes 1 ☐ Yes 20 No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica etaly filled in by the funeral director; 25. Wes case reterred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Pesidenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Naturel 5 Pending 1 Yes 2 No investigation 2 Accident To the Hospital or Atter within 24 hours after dea To the Funeral Director completely filled in by the 3 Suicide 6 Could not be 28e. Plece of Injury - At home, tarm, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner steted. 29e. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D23774 MD 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) This 912 Seton DR, Cumberland Md 21502 LIVENGOOD MD 32. Registrens Signeture 31. Dete filed (Month, Dey, Year) State

DHMH 16 Rev 6/95

Registrar

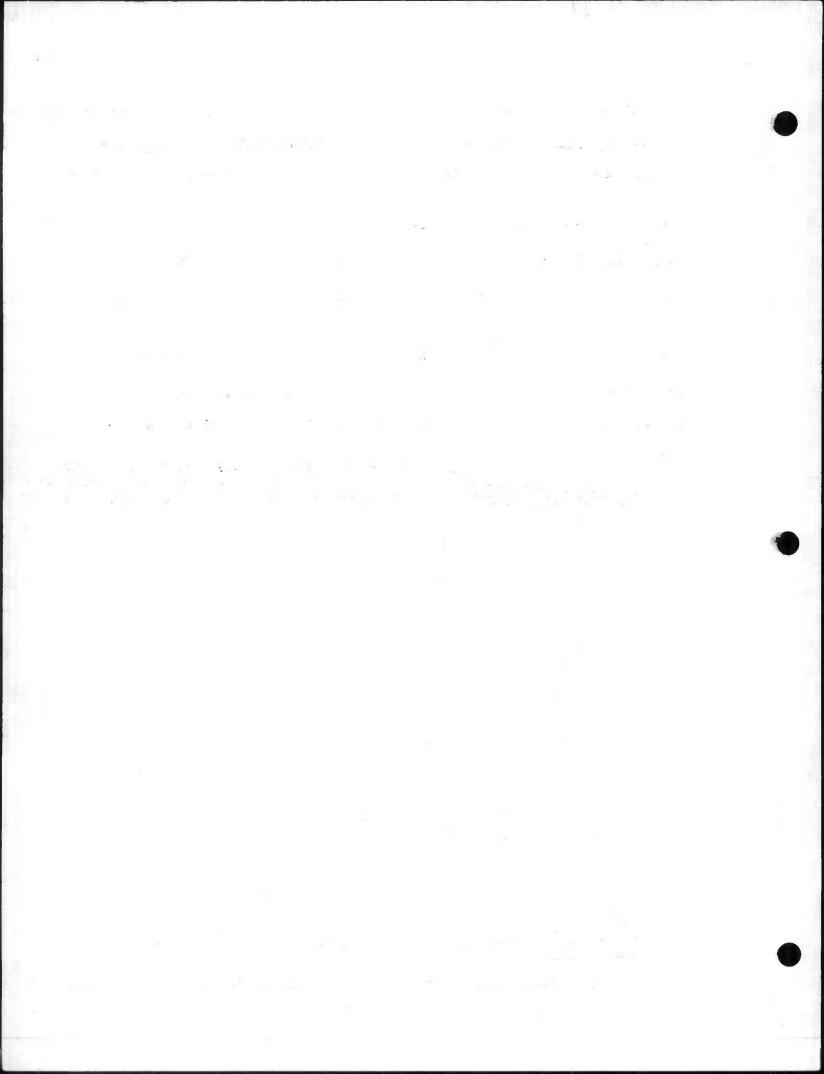
APR 07

FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-76-3516 9a. FACILITY NAME (# not institution, give s Meridian Nursi RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	5. SEX 1 M 2 F	8. AGE (In yrs. I					HTH DA	C	007	- UU -
DIRECTO	9a. FACILITY NAME (If not institution, give s Meridian Nursi RESIDENCE OF DECEDENT	466	0.0		IF UNDER 1 YEAR		RS. 7. DAT	TE OF BIRTH	8	997 BIRTHPLACE Country)	(State or Foreign
DIRECTO	Meridian Nursi	ureer and number)	82	YRS.			12	/3/19:		Mary.	Land
ā	RESIDENCE OF DECEDENT	ng Cent	Loc er-Rai			arkvil				y of death timo:	20
ā	IOU. COOM!		or Tea	_					Dai		
	Maryland	Baltimo	re	19C. CI	TY, TOWN OR LOC		son			-	NSIDE CITY LIMITS? YES 2 1 NO
9	10e. STREET AND NUMBER			1		101. ZIP CODE			10g. CITIZE	N OF WHAT C	-
	1648 Thet						2128			U.S.A	L.
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes,	specify Cuban, N	SPANIC ORK exicen, Puerl pecify:	SIN? (Specify Yes to Rican, atc.)		Black, White Specify:	
0	15. DECEDENT'S EDU (Specify only highest grade		16a, D	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					TRII		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 c	+) /H	ever employed due			e to				
	17. FATHER'S NAME (First, Middle, Last)		Amaaa					t, Middle, Maiden	Sumame)	***	
8	Martin 19a. INFORMANT'S NAME (Type/Print)		Amoss	9b. MAILING	G ADDRESS (Stree		llie		- State 7in Co	Burt	on
2	Marylee Amoss/	Sister-	in-lav	V	same	44.00		most, city or low	r, State, 210 Oc	000)	
	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	oval from Stata	20b, PLACE	AND DATE	OF DISPOSITION (Neme of	D			y or Town, Sta	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG		Jarı	Jarrettsville Cemetery 3/Bl Jarrettsville						lle,N	
	· m Hlad	1. 1/	11	į.		Kurtz	Fune	ral Ho	ome,	P.A.	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. APTERIO SCUENCI CARDIO VASCULAR										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO	(OR AS A CONSE	EOUENCE O	DF): DF):						
MEDICAL	PART II. Other algorificant condition ACUSE PU MENTAL	LMON.		11	In the underlyi	ng cause give イ7のド	in Part i.	24a. WAS AN PERFOR	MED?	COMPI OF DE	AUTOPSY FINDING ABLE PRIOR TO LETION OF CAUS ATH?
	DID TOBACCO USE CONT	RIBUTE TO CA					AIN 🗆	<u> </u>			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:						
PHY	27. MANNER OF DEATN	28a. DATE OF (Month, Di	INJURY	28b. TIN	WE OF 28c. II	me 5 Reside		her (Specify) ESCRIBE NOW IN	JURY OCCUP	RED	
84	1 Natural 5 Pending 2 Accident Investigation	(MONUT, DE	ay, reary	IN.		YES 2 NO					
ETED	3 Suicide 6 Could not be determined	28a, PLACE Of building,	FINJURY — At h etc. (Specify)	ome, farm,	street, factory, off	lca		OCATION (Street a ty or Town, State)	nd Number or	Rural Route No	imber,
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE										anner as stated
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Jour	50	M	-0	PI4	NUMBER 69	7	29d. DATE 9	IGNED (Month)	Day, Year)
	30. NAME AND ADDRESS OF PERSON WN FAUSTOR	OCHIPLETED CAUS	SE OF DEATH (ITE	M 27) (Type		HARA	WRD,	RD.	BASI	TOK	LD.

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	Decedent's Name (First, Middle, Last)					Certificate of Death				2	Reg. No.			3. Time of Death	
ian	1-11 =	FILEEN D.				BROWN			4	Month	Day	Year	Eine -		
ical ner	4a. Facility Name		n, give street	t and number))						TARCH tion of Death	4c. Count	997 y of Death	1.05 p	
	Wachine	ton Adv	ontici	t Hospi	ital				Γakoma	Parl	,	Monte			
П	5. Social Security	Number	6. Sex	7. Ag		last birthday)		er 1 Year	If Under 24		8. Dete of Birth 9. Birthplace (State or Foreign				
	335-24 Usuei Residence		1 □ M	2🖾 F	74	Yrs.	Months	Deys	Hours	Min.	ecember	1, 19	22 II	linois	
	10a. State	10b. County			10c. Cit	ty, Town or Lo	ocation						10	Dd. Inside City Limits	
to	MD Prince George's Hyattsville										1 ☐ Yes 21 No				
Director	10e. Street and N			0				p Code			10	g. Citizen of	Whet Count	try?	
	1425 Ru	atan Str	reet				207	783			T	JSA			
Funeral	11. Marital Status		12. W	es Decedent med Forces?		,S. 13.			ispanic Origi	n? (Specif	y Yes or No- en, etc.)	14. Red	ce - America		
F	1 Never Ma	rried 2 Marrl	led 1	Yes 251 Yes, Give					Specify:	Puerto Hit	æn, etc.)		ck, White, e		
1 by	3 🖾 Widowed	4 ☐ Divorced	Ÿ	ear or Detes:			1 103	202110	Specify.			Specif	y: Whit	e	
Completed	(Sp	15. Decedent ecify only highes				16a. Dece	dent's Usu	al Occup	ation during most o	of working	1	6b. Kind ot B	usiness/Ind	lustry	
d.	Elementary/Secondary (0-12)			Collage (1-4or 5+)		life.	(Give kind of work done during most of work life. DO NOT usa ratired)								
S	12					Homer	maker					Own Ho	ome		
Be	17. Fathar's Nam	e (First, Middla, i	Last)						18. Mother	s Name (First, Middle, M	laiden Sumar	ne)		
5	Grant D					Vinona			a He	Hendershot					
	19a. Intormant'a	Name/Ralationsh	hlp (Type, Pi	rint)		19b. Mailir	ing Addres	s (Street	and Number	or Rural f	Route Number,	City or Town	State, Zip	Code)	
	Ronald								ries R		Catlet	t, VA	2011	.9	
	20a. Mathod of D	sposition Cremetion	3 Demov	al from State		Pleca of Dispo cemetery, crer	osition (Na matory or	ime of other plac	e)		Date 2	Oc. Location	- City or Tov	wn, State	
		5 Other (Sp		ai nom otato	BITTERS.	tional	Memo	orial	Park	3/	22/97	Falls	Churcl	h. VA	
	21. Signature of	uneral Service L	Licensee	*		22	2. Name a	nd Addre	s of Fecility	Fran	cis J.	Collir	s Fun	eral Home	
	21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Fra 500 University Blvd														
er	Immediata Caus disease or condi- rasulting in death	(Final			e of	h. Do not ant	00 Unter the mo	de ot dyin	g, such as ca	Blvd. ardiac or r	W., Si	st,	Spring	Approximate Interval Between Onset and Death	
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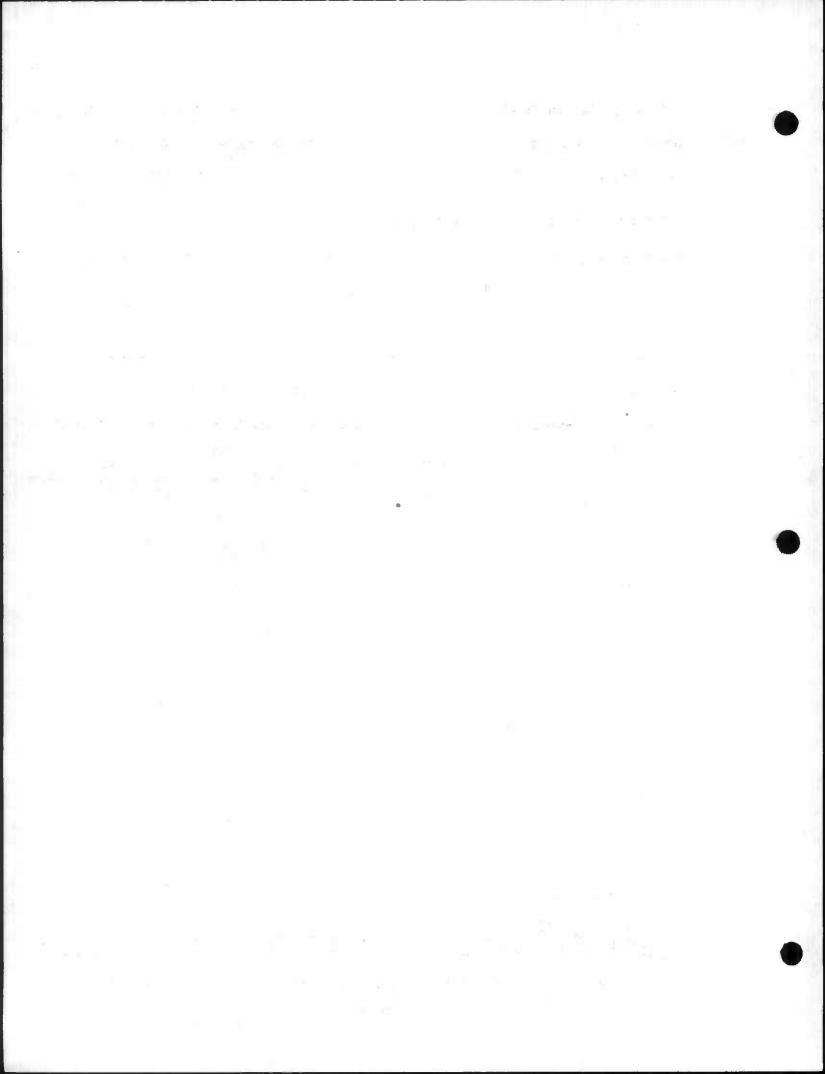
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Year Dorothy A. Van Brunt March 20, 1997 /Medical 12:15 PM 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Mediplex of Gaithersburg Gaithersburg Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** 1□M 20 F Months Yrs. Director 78 135-10-2161 Aug. 18, 1918 New Jersey Usuai Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits "natural", or items 23a or 28a-f shov edical Examiner must be normed at XXYes 2 □ No Directo Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 814 Crystal Court death Funeral 20878 United States 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2/1/No If Yes, Give Year or Dates: filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White Be Completed by 3 Widowed 4 □ Divorced The Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ntal Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Clerk Contractor 17. Father's Name (First, Middle, Last) permit. Pagas 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event SDRS. 18. Mother's Name (First, Middle, Maiden Sumeme) Louis E. Arnold 2 Mathilda Mueller 19e. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donna J. Ike/Friend 814 Crystal Court, Gaithersburg, Maryland 20878 20b. Place of Disposition (Name of cemetery, crematory or other place) March 22,1997 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805 21. Signature of Funeral Service Licans Rockville, Inc. 300 . M00803 Rockville, Maryland emy 23a. art1. Enter the disease, or complications that cau is the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw **Physician** ARCINOMA /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed for use as the buriel-trans Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Last Due to (or es a consequence of) Box 68760, Physician/Medical Due to (or as a consequence of) P.O. 1 signed by the g Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of rieath? 1 Yes 2 No 3 Probably Unknown Records, by Completed 24a. Wes an autopsy performed? 24b. Were eutopsy findings evellable prior to peen completion of cause of death? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐XNo of Vital Attending Physician: Be 25. Was case referred to medical 26. Piece of Death (Check only one) examiner? Hospitel: 1 | Inpatient 2 | ER/Outpatlent 3 | DOA P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) s after dec. 27. Menner of Death 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 1 Neturat 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital To the Hospital within 24 hours To the Funeral completely filled edical Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of ceptifie 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 15200 Shady Grove Road, #305, Rockville, Maryland Gabriel Berrebi, M.D. 31. Dete filed (Month, Day, Year) MAR 2 4 1997 32. Registrars Signature State

Registrar



State of Maryland / Department of Health and Mental Hygiene

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Physici /Medic Examin Funeral Director	cal	1. Decedent's Name (First, Middla, Les M/ (Lon H				-		1 2	2. Data of Deal	h		2 Time of Death	
/Medic Examin	cal	Milton H	1. Decedent's Name (First, Middla, Lest)				50.				Reg. No. 2. Data of Death Month Day Year 3. Time of Daeth		
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28a	Director	10e. Street and Number			10f. Zip Code				10g. Citizen of Whet			to/?	
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	Funeral	11. Marital Stetus	12. Was Decedent Ever in U,	S. 13	. 13. Was Decedent of H			Hispenic Origin? (Spec			14. Rece - American Indian,		
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lest less	ted	15. Decedent's Ed	ucation	16a. Dec	6a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired) Porter			of wordston		16b. Kind of Bu	Kind of Business/Industry		
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	2	Phillip Bright		Estell					la Johnson				
9 8 9		19e. Informent's Name/Ralationship (7						mber or Rurel Routa Number, City or Town, State, Zip Code Farm Rd., Columbia, MD					
Item 27 other tr		Nancy A. Brigh					's Fa						
or in		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Ramoval from State	leca of Disp ametery, cre hy P	emetory or	other pled	etery		72.4	20c. Location - Cooksv			
Department Important any injury once		21. Signature of Funeral Service Licen	mand				FUNE FUNE		HOME,	P.A.			
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W %	Physician	Pert II. Other significant conditions co	ntributing to death but not resu	Iting In the	underlying	ceuse giv	en in Pert I.		23b. Did to	becco uee cor	ntribute to	the cause of death	
detec	F.	ChroNie	eval fai	(one					1 DX	8 2□ No	3 Prob	ably 4 Unknow	
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been si shouid	etec								24a. Was ai		ave	re eutopsy findings lieble prior to apletion of cause	
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After this funeral di	2	1 162 2 NO							Homa 5 ☐ Residence 6 ☐ Other (Specify)				
	tion	27. Menner of Deeth 1 ☑ Neture 1 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work?						28d. Describe how Injury occurred				
ector: After by the fune	cat	2 ☐ Accident Invastigation 3 ☐ Suicide 6 ☐ Could not be	M 1 Yes 2 No				Off Locality (Owner, all)						
al Directed in by	Certification:	4 ☐ Homicide determined	street, factory, office 28f. Location City or				City or Town	on (Street and Number or Rural Route Number, Town, State)					
	edicai	29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end pleca, end due to the cause(s) end menner steted.											
To the		29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Yea									Dey, Year)		
		Mun (.	To lut.	Low	184	D3	701	3		Mar	24	1997	
3	-	30. Neme end eddress of person who c	ompleted cause of death (Item	23e) (Tvne	Print)			/				21044	
	- 1	Bruce Congo	MA #210	1105	561	41	Patrin	wh	Pken	Cale	uh. 1	MOT	

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death 3-22-1997 **Physician** MIRTAM BRACKNEY 7:45AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SILVER SPRING MONTGOMERY MARINER HEALTH REHAB. If Under 1 Year Months Devs If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Birthplace (State or Foreign Country) Deys Hours 1□M 2\ F 85 Yrs Director 131-14-3600 Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits traumatic event, the Medical Examiner must be notified at N Yes 2 No Director MARYLAND MONTGOMERY SILVER SPRING 10e Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 901 ARCOLA AVENUE 20901 USA "natural", or items 23a daath Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after I □ Yas 2 □ No It Yes, Give Yaer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 WHITE 1 Yes 2 No by 3 Widowed 4 Divorced Bet Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 Hygiene. other than "n ADULT EDUCATION Elementery/Secondery (0-12) College (1-4or 5+) SECRETARY OF AMERICAN h and Mental Hygie 7 Is marked other t permit. Pages 1 and 2 should be file Department of Health and Mental Hyg Important: If fem 27 is marked other any injury or other treumatic event, once. 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) AARON KLEPINGER BESSIE FENNER 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1313 FITCH WAY, SACRAMENTO, CA. PATRICIA RADEMACHER 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State GEORGETOWN MED SCH. 5-18-1911 WASHINGTON, DC. 4 Donation 5 Other (Specify) 22. Name end Addrass of Fecility
AUSTIN ROYSTER FUNERAL HOME
3821 14TH STREET N.W., WASH, DC. 20011 21. Signature of Funerel Service Licansee 23e. Párt 1. Enter Me disaasa, or complications that caused the daeth. Do not anter tha mode of dylng, such es cerdiac or raspiretory errest, shock, or resert failure. List only one cause on each line. Approximeta Intervet Between Onset end Deeth **Physician** /Medical Immediete Cause (Finet diseese or condition resulting in death) CEREBROVASCULAR ACCIDENT 3 WEEKS Examiner Due to (or es a consequence of) Examiner Tha law requires that the death certificate be executed aftending physician and for usa as the burief-transit Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events rasulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the a d be dateched Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 thknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? Completed 24a. Was en eutopsy performed? paga 2 s this certificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: I within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Wes case referred to medical Be 26. Plece of Degth (Check only one) Other: 42 Hursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 BNaturet 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, straet, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homleide Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end dua to tha ceuse(s) end manner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the ceuse(s) and menner stated. 29b. Signature and 136 of certify 29d. Deta signed (Month, Dey, Year) 10 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) B. ROSENBAUM, MD. 3720 FARAGUT AVE, KENSINGTON, MD.

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

Luca Tavids

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1485 Amended #14,3/26/97, GF, Montg. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Year Jennie Holloway Blue 1997 23, 1:26 AM March /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 7115 Kent Town Landover Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** 1 ☐ M 2 🕏 F 214-52-3897 Yrs. Director 80 March 3,1917 South Carolina Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. inside City Limits 28a-f show must be notified at Director 1 ☐ Yes 2 ☑ No P.G. MD. Landover 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? ò items 23a 7115 Kent Town Dr. 20785 U.S.A. Funeral daath 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 14. Race · American Indien, Biack, White, etc. 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) The Medical Examiner after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "naturel", or 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 Widowed 4 Divorced -White Black Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: if item 27 is marked other than any Injury or other treumatic event, its Magnes. Elementery/Secondary (0-12) College (1-4or 5+) Social Worker D.C. Gov't. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Chester Holloway Pearl Butler 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gwendolyn A. Blue (Daughter) 7115 Kent Town Dr. Landover, MD. 20785 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. Olive Cemetery 3/27 Chesterfield. S.C. 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility Chambers Funeral Homes, P.A. O# 670 5801 Cleveland Ave. Riverdale, MD. 20737 ramber romas Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset and Death **Physician** /Medical immediate Cause (Final cancer - metastatic Rectal disease or condition resulting in death) Examiner Due to (or es a consequence of) Physician/Medical Examiner The law requires that the death cartificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of): physician s tha buriel Box 68760. Due to (or es a consequence of): as attanding usa signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 Unknown 1 Yes 2 No Records. þ 24b. Were eutopsy findings evailable prior to completion of cause of death? paga 2 should Completed 24a. Was en eutopsy performed? this cartificate 2 X No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: diractor. Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Home 5 💢 Residence 6 ☐ Other (Specify) 2 1 Yes 2 No filled in by tha funeral 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28e. Date of Injury (Month, Day Year) 28c. injury at Work? Aftar Division 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident daath within 24 hours after deat To the Funeral Director: completely filled in by the 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 ☐ Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) and menner stated. 29a. Certifier Medicai (Check only one) the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

31. Date filed (Month, Day, Year) State Registrar MAR 2 5 1997

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30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Thomas STUHI

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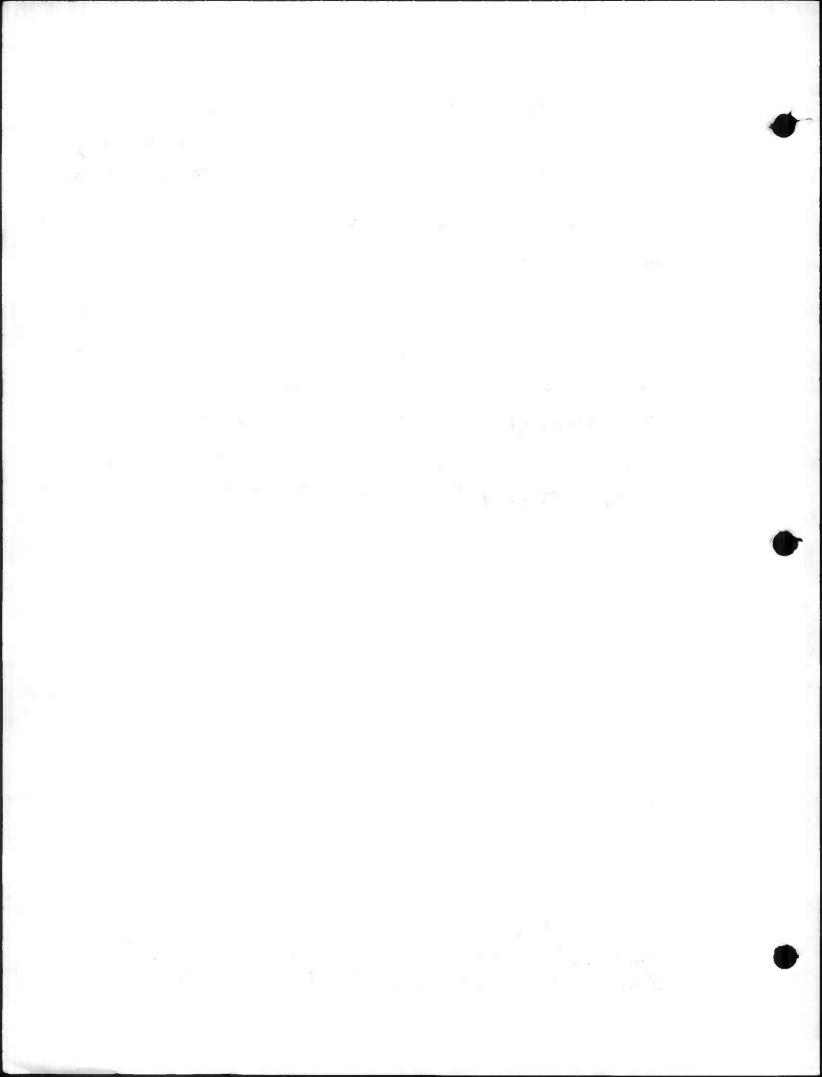
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State of Maryland / Department of Health and Mental Hygiene 97

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	Hos 24 hc Fun stely	edicai	(Check only one) 2 Madical Exa	hyalcian: To the best of my miner: On the basis of exar	ninetion an	a, daath occurred at the ti nd/or invastigation, in my d	ma, data and place, and opinion, daeth occurred	d dua to tha caus at the tima, dete	sa(s) and ma s and plece, s	nner as ste and due to t	ted. the ceuse(s)
	To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	Mec	29b. Signatura and titla of certifier	and mannar stated.		29c. Licens	se number	204	. Data signed	(Month D	lav Year)
	F * F 8		b /	P			27830				
	6		W - 51	raker			-7050	M	arch	ddj	1997
			30. Name end addrass of person who								
			Dr. Ramleth Si				rt. Gaithe	rsburg,	MD. 20	0877	
	Sta Registr		31. Dete filad (Month, Dey, Yaar)	32. Registrar's S	ignature	Rendell					
	Registr	ar	MAR 2 5 19	31	14007	1					

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State of Maryland / Department of Health and Mental Hygiene 0.7 1.11, Q.Q.

	- 1	1 December Name (First 1 Middle	(t)		Cer	tificate of	Death	1	eg. No.		
Physicia	an	Decedent's Name (First, Middle), Last)	1	1			Date of Death Month	h Day	Year	3. Time of Death
/Medic		JUSEPH	ADAM		D.	14140	35	MARCH	21 1	997	10:30 An
Examin	er	4a. Facility Name (If not Institution	, give street and numbe	r)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
		WASHINGTON	ADVENTIST	HOSPI	TAL		TAKOMA	PARK	Me	ONTGON	MERY
Funeral		5. Social Security Number		ige (In yrs. i	ast birthday)	If Under 1 Year Months Days		8. Date of Birth (Month, Day,			ace (State or Foreign
irector		048-12-8896 Usual Residence of Decedent	1₩ 2□F	91	Yrs.	WORKI'S Days	Hours Mill.	DEC. 23	1905		NECTICUT
Mo ti		10a. State 10b. County		10c. City	, Town or Loc	ation				10	d. Inside City Limits
28a-f show	Director	MD. PRINC	E GEORGES		HYAT	TSVILLE					1 Yes 2 □ No
	Te l	10e. Street and Number				10f. Zip Code		10	Og. Citizen of \	What Counti	ry?
238		1806 FOX	ST. #204			2	20783		11	S.A.	
items ?	Funeral	11. Marital Status	12. Was Deceden	t Ever in U,	S. 13. W	as Decedent of I	Hispanic Origin? (St	pecify Yes or No-		a - America	in Indian,
tem 27 is marked other than "natural", or items 23s or other traumstic evant, the Medical Examiner must be	교	1 Never Married 2 Marri	Armed Forces 1 XYes 2 If Yes, Give	:7] No			an, Maxican, Puerto	Rican, etc.)	Bia	ck, White, e	tc.
rom.	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates	WWIT	1	☐ Yes 2M No	Specify:		Specify	: WI	HITE
"natural", edical Exp		15. Decedent			16a. Decede	ent's Usual Occur	pation		16b. Kind of B		
T W	Completed	(Specify only highes	t grade completed)		(Give k	and of work done O NOT use retire	pation during most of work d)	king	TOD: Talle of D	2011000211100	2011
	Ĕ	Elementery/Secondary (0-12)	College (1-4or	5+)			ECONOMIC	C	INITIO	PDC TITE	COE MO
7,		17. Father's Name (First, Middle, I	1		THOTE	abbon or		e (First, Middle, N			OF MD.
marked other than imatic evant, the M	Be						and the same		naiden Suman	10)	
atic	2	ANDREW	T. BILLI	NGS	T			MARY	MAGDA		
Tag.		19a. Informant's Name/Relationsh	ip (Type, Print)			g Address (Street	and Number or Ru	ral Route Number,	City or Town,	State, Zip C	Code)
10		REUEL O. LINDBE	RG/NEPHEW		3292		RD., BROO	KPORT, N	I.J. 14	420	
		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation	6 [] Dames of the Con-	- 04	aca of Dispos metery, crem	ition (Name of atory or other pla	ce)	Data 2	20c. Location -	City or Tow	m, State
iry or		4 □ Donation 5 □ Other (Sp			AMBERS	CREMATO	RY	3/24	RTV	TERDAT	E, MD.
any injury once.		21. Signature of Funeral Service	icensee 🥕	Olla		Name and Addre		5/ 21	1/1	LEIWAI	• ساء وعد
ang Sud		MINIAL	alloud	7							20910
	_	N.N. Cha	meenen	- MOO	091 CH	LAMBERS 1	FUNERAL H	OMES, P.A	.,SILVI		RING, MD.
		23a. Part1. Enter the disease, or o shock, or heart failure. List of	complications that cause only one cause on each	ed the death line.	. Do not ente	r the mode of dyli	ng, such as cardiac	or respiratory arre	est,		Approximate Interval Between
clan											Onset and Death
dical		Immediate Cause (Final diseasa or condition	a CORON	Y SAC	H6.	ART	DISEAS	1			10485
niner		resulting in death)	av		as a consequ	lanca of):	Par 1				0 1/10
~	Je l					162172				-	
rans	Examiner	Sequentially list conditions	b. —	Due to (or	as a consequ	ence of):				1	
		if any, leading to immediate cause. Enter Underlying				,					
the buriel-transit	ca	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or injury that initiated avents	c	Due to for	as a consequ	ence of:					
9 S	8	resulting in death) Last		200 10 (01	as a consequ	onoa ory.					
for use	⋛		d								
for	Physician/Medical	D 11 Oct 1 10 10 10 10									
deteched	ys.	Part II. Other significant condition	na contributing to death	but not resu	iting in the und	derlying cause giv	en in Part I.				the cause of death?
dete								1 □ Ye	s 2□ No	3 Probe	ably 4 Unknown
2	by										
should	Completed							24a. Was an	autopsy ned?	avai	a eutopsy findings lable prior to
2 5	8									of de	pletion of cause eath?
pege 2	E							1 ☐ Yes	s 2 No	10	Yes 2 No
or, p		25. Was case referred to medical								'''	165 21110
	Be	examiner?	Hospital:			Oth	ner:	th (Check only one			
=	0	1 Yes 2 No 27. Manner of Deeth	1 Linpat		R/Outpatient	3LI DUA	4 U Nursing Ho	ome 5 Resider			
- Pun	5	1 ☐Natural 5 ☐ Pending	28a. Date of Inj (Month, D	ay Year)	28b. Time of Injury	28c. Injui Woi		28d. Describe how	w injury occur	red	
d in by the funeral	cat	2 Accident Investiga				M 1 🗆	Yes 2□No				
by		3 ☐ Suicide 6 ☐ Could no 4 ☐ Hornicide determin	ned 289. Pieca of in	jury - At hor	me, farm, stree	et, factory, office	-	28f. Location (Str. City or Town,	eet and Numb State)	er or Rural	Route Number,
pe j	Certification:										
₹ .		29a. Certifier Certifying	Physician: To the best	of my know	ledge, death	occurred at the tir	me, date and placa,	and due to the ce	usa(s) and ma	nner as sta	ted.
completely filled in by the	edica	(Check only 2 Medical E	xaminer: On the basis of end manner s	of examineti	on end/or inve	estigation, in my o	pinion, deeth occur	red at the time, de	te end plece,	and due to t	he cause(s)
mo:		29b. Signature and title of bertifier				29c. Licens	se number	29	d. Date signe	d (Month, Di	ay, Year)
- 1		· VA	M(1)			2/5	1201			21	1992
19.	r .	ym	, , , ,			170	1)71	N	TAKECH	21,	1117
		30. Nama end address of person w	ho completed cause of	death (Item	23a) (Type, P		1011= 1	Dn 1.	1 -		1997 MD 2049
		JKY JEHTKEY	NELMA	~~	007		CREIT 1	10,	17 A7 15U	ILE.	111) 2949
Stat	G	31. Date filed (Month, Day, Year)	32. Regist	rar's Signat	n-Aande	02_		,	/		
Registra	r	MAR 2 5 19	7	ALTERNATION OF COLUMNIA	- Marine						

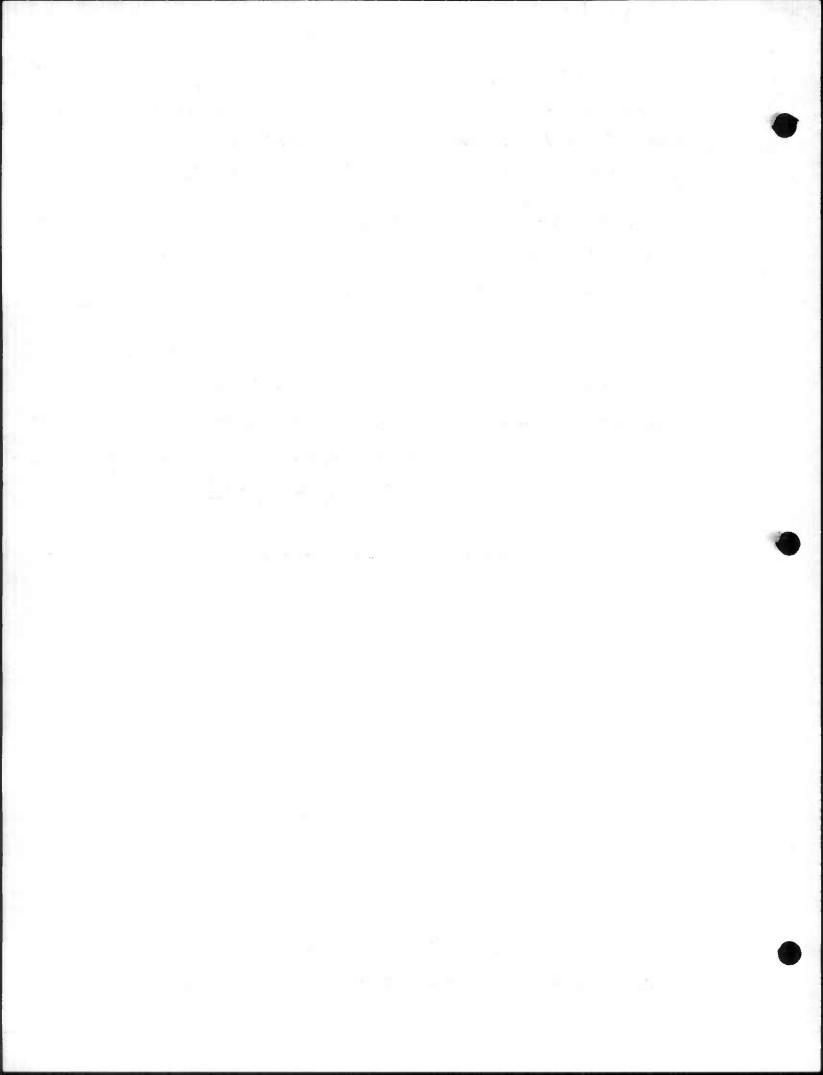
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State of Maryland / Department of Health and Mental Hygiene

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	Dhualai		1. Decedent's Neme (First, Middle, Le	est)							2. Dete of D	eeth		Veed	3. Tim	e of Deeth
	Physici /Medic		Donna R. Bar	ash							March		1997	Yeer 7	3	:50 PM
	Examir		4e. Fecility Neme (If not institution, gir	e street end num	ber)				4b. City, Tov	vn, or Lo	cation of Dee	th	4c. County	of Deeth		
Ĺ			Althea Woodland	Nursing	Home				Silver	Spr	ing		Mont	gomer	у	
	Funeral Director		308-32-9493	Sex 7 1□M 2XTF	. Age (In yrs		nday) If Und Month	er 1 Yea		Min.	8. Dete of B (Month, D Jan. 1	ev. Yes	1934	9. Birthpi Count Inc	lece (Sta try) iian	a.
	land w		Usuel Residenca of Decedent 10a. State 10b. County		10c. C	ity, Town	or Location							10	0d. insid	e City Limits
	r 28a-f show	to	Maryland Montgom	erv	Si1	ver	Spring									res 2⊠No
	r 284	Director	10e. Street end Number				-	ip Code				10g. (Citizen of	Whet Coun	try?	
	h wit		11193 Columbia P	ike			2	0901				U	SA			
	dea	Funeral	11. Maritel Stetus	12. Wes Deced	ent Ever in U	J,S.			Hispanic Orig ben, Mexican,	gin? (Spe	city Yes or N	0-		ca - America		١,
21215-0020	s 1 end 2 should be filed within 72 hours after death with the Maryland Health and Mental hygiene. tem 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic event, Ira Medical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Tes 2 If Yes, Give Yeer or Det	⊠ No		1 Tes, sp			, rueno	rican, etc.)		Specify	ck, White, e	ite	
5-0	72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. I	Decedent's Us Give kind of w	uei Occu	pation duning most	of worki	in <i>a</i>	16b.	Kind of B	usiness/Ind	lustry	
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S	od 2 sho Ith and 27 is m		Robert Barash /				93 Col									20901
re,	s 1 end 3 Health tem 27 i		20e. Method of Disposition	nasbana	20b.	Placa of I	Disposition (N	eme of		, 01	Dete	-		City or To		
OE.	Page ent o st: If I		1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		ate		Heave			7 3/	29/97	Si1	ver 9	Spring	o. M	arylan
Baltimore,	permit. Pages 1 end 2 Department of Health i Important: If item 27 is any injury or other tra		21. Signature of Funerel Service Lice		Joan	01			ess of Fecility							ar y zan
m	Depa Impo		Delan 1	Donne	el		1180	0 Ne	w Hamp pring,	shir	e Aver	ue	904			
	10.00		23e. Pert1. Enter the disease, or com	plications thet cau	sed the dea	th. Do no							704	T	Approxi	
	Physician		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Shock, or heart feilure. List only one cause on each line. Approximate Intervel Betwee Onset end De													
	/Medical Examiner		Immediate Ceuse (Finel disease or condition Endometrial Cancer with Brain Metastasis 1 v												1 y	ear
	LXdiiiiici		resulting In death)	0	Due to (or as e co	onsequence of):								
	ted nsit	ulu ulu		b										1		
_6	and and al-train	xar	Sequentially list conditions, if eny, leeding to Immediate		Due to (or es e co	onsequence of):								
68760,	siciar b buni	cal	cause. Enter Underlying Ceuse (Disease or Injury that initiated events	C	D - 4 - 4											
9	eath certificate be executed attending physician and for use as the bunal-transit	Medical Examiner	resulting in deeth) Lest		Due to (d	or es e co	nsequence of):								
Box	n cert			d										1		
	0 0 0	sicla	Pert II. Other algnificent conditions of	ontributing to dea	th but not res	sulting In	the underlying	CAUSE O	iven in Pert I		23b. Did	tobac	CO USA CO	ntribute to	the cau	se of death?
0	that the death red by the atter detached for u	Physician	2 = 0.0 tomov• dedirection access													Unknown
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Records,	ew requir	Completed									24e. We: perf	s en eu omed	topsy	eve	re eutop eiieble pr npletion deeth?	sy findings or to of cause
	0 - 0	TO.									10	Yes	2 No	1	Yes :	2 No
Vita	ysician: The s certificate director, pag	Be	25. Wes cese referred to medical examiner?						26. Plece	of Deeth	(Check only	one)				
0	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ XNo	Hospital: 1 Ing	patient 2	ER/Outp	petient 3 🗆 🛭	OA		sing Hor	me 5 Res	Idenca	6 □Oth	er (Specify	')	
		ino in	27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28a. Dete of (Month,	Injury Dey Year)	28b. Tii	ury	28c. Inje			28d. Describe	how in	jury occur	red		
Sic	Attending or death. ector: Afte by the fune	cat	2 Accident investigatio	Α			М		Yes 2 N							
Division	が計算に	Certification:	4 Homicide determined	Zee. Flece of	Injury - At h , etc. <i>(Speci</i>	ome, farr fy)	n, street, facto	ry, offica		2	28f. Location City or To			per or Rural	Route N	lum <i>ber</i> ,
	To the Hospital or Attend within 24 hours after death To the Funeral Director:: completely filled in by tha	edical (29a. Certifier 1⊠ Certifying Pt (Check only one) 2 Medical Exam	ysician: To the be niner: On the bas end menne	s of exemina	wledge, ition end/	death occurred for investigation	d et the t n, in my	ime, date end opinion, deeth	plece, e	end due to the	ceuse date e	(s) end me	enner es sto	sted. the caus	se(s)
	ro th vithin ro th	Me	29b. Signeture end title a certifier		11		2	9c. Licen	se number			29d. [Date signe	d (Month, L	Dey, Yee	r)
	->-0		1/6 7/	01	6,5	>		D	21900			Ma	rch 2	27, 19	997	
	30	30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)											,	- '		
			Smith Ho, M.D. 7					ma E	ark, M	[ary]	Land 2	2091	. 2			
		te	31. Date filed (Month, Dey, Year)	32 Bac	igyrer's Sign											

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Dey 1997 Month **Physician** Bayshawn Bastian March 21, 3:01 PM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring Montgomery If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 100 M 2□ F Months Deys Yrs Director None 36 March 21, 1997 Maryland Usuel Residence of Decedent death with the Maryland 10a Stete 10b. County me 23a or 28a-f show 10c City Town or Location 10d. Inside City Limits 1 Yes 2 No Funeral Director Maryland Prince George's Landover 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7610 Swann Terrace 20785 United States items ; 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indien Bleck, White, etc. 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) traumatic event, the Medical Examiner filed within 72 hours after 1 Never Married 2 Merried 21215-0020 6 1 ☐ Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced Black 'natural', Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filled with Department of Health and Mental Hygien Important; if Item 27 is marked other the eny Injury or other treuments average. None None None Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Byron Frederick Bastian Kristy Janiel Whitley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Kristy J. Whitley Mother 7610 Swann Terrace, Landover, Maryland 20785 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3-26-97 Beltsville, Maryland Chesapeake Crematory 22. Name and Address of Facility
Rapp Funeral Services, P.A.
933 Gist Avenue, Silver Spring, Maryland 21. Signeture of Funeral Service Licensee 20910 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth 21 weeks **Physician** /Medical Immediate Ceuse (Fine) 380 grans. diseese or conditior resulting in death) Examiner Due to (or es e consequence of) Physician/Medical Examiner The law requires that the death certificate be executed the buriel-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): pue P.O. Box 68760, physician Due to (or es e consequence of): USB BS Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? ned by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à page 2 should be 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 2 No this certificate or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To funeral 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending investigation 1 X Naturel efter death. 1 Yes 2 No 2 Accident filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours e Hospital 1 Cartifying Phyelclen: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner as steled.
2 Madical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) end manner stated. 29e. Certifier Medical completely 29b. Signature end title of certifier 29d. Date signed (Month, Day, Yeer) 29c. License number D35141 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 1500 Forest Glen Road, Silver Spring, Maryland Marilea K. Miller, M.D. 32. Registrati's Signature 31. Dete filed (Month, Day, Year) State MAR 2 8 1997 Registrar

DHMH 16 Rev 6/95

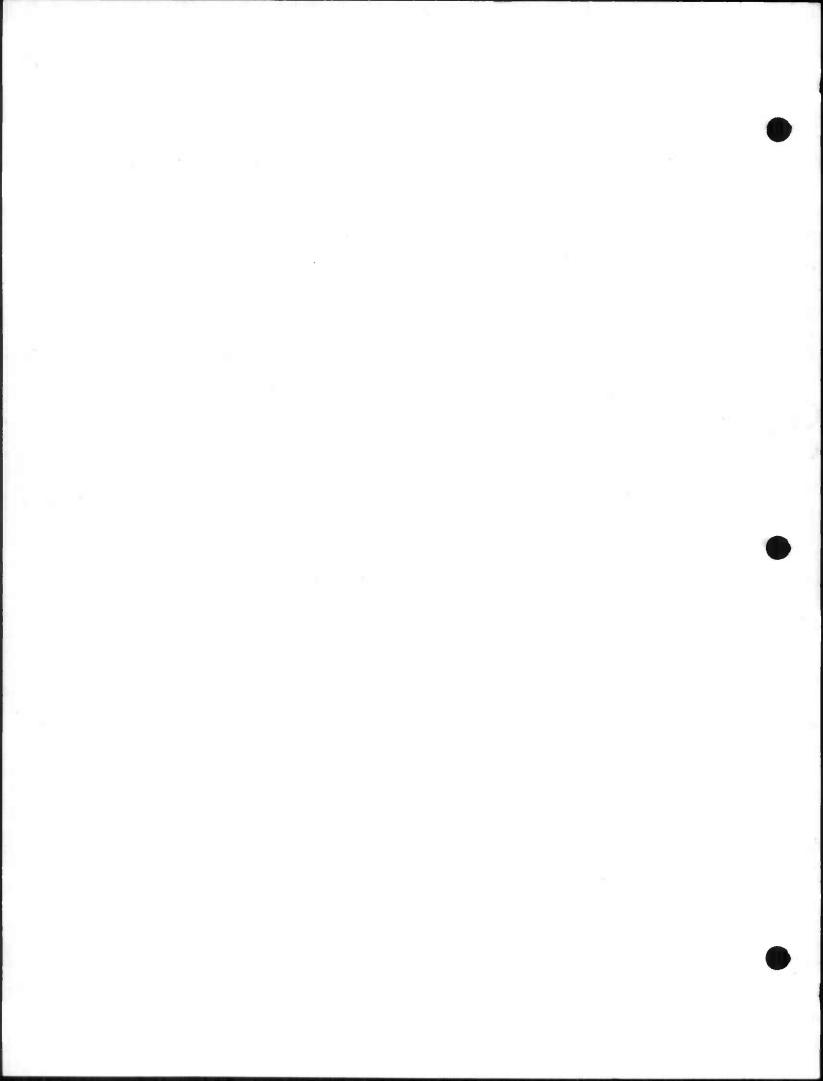


ng physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
d by the he	d be detac		d at once
be retained	ige 5 shoul		e notifie
аде 6 тау	director, pa		er must b
er death. P	the funeral	val.	l examin
4 hours aft	filled in by 1	on, or remo	e medica
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th certificat	ending phy	I Hygiene p	or other
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requires th	been signed	of Health	shows ar
AN: The law	ificate has t	State Dept	r item 23
IG PHYSICIA	ter this cert	ath with the	narked, o
ATTENDIN	IECTOR: Aft	rs after de	п 28 із п
SPITAL OR	VERAL DIR	nin 72 hou	VT: If iter
TO THE HO.	TO THE FU!	be filed with	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	Arthur	F.		Ball			9, 1	997	08:50 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	578-10-6876 9e. FACILITY NAME (If not Institution, give stre		86 YRS.	ONTHS DAYS	HOURS MIN.	May 22,		Vir	ginia		
DIRECTOR	Wilson Health Care			Gaither		cain .		gome			
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			1	10d. INSIDE CITY		
8	MD Frede	riok	Frod	lerick					LIMITS?		
	10e, STREET AND NUMBER	LICK	Trec		, ZIP CODE	· · · · · ·	10g. CIT	IZEN OF W	WHAT COUNTRY?		
ER/	6985 Arbor Drive				21703		USA				
FUNERAL		t2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No-	14. RACE	- American Indian.		
	1 Never Merried 2 🔀 Merried	FORCES? 1 YES			2 NO Specific	in, Puerlo Rican, atc.)			k, White, atc.		
В	3 Widowed 4 Divorced					,		ф	White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION NO MINING MO		16b. KIND OF BU	SINESS/INC	DUSTRY			
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)							
MP	12		Bus Driv	rer		Transp		ion			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	Sumeme)				
BE	Harvey Ball				Lucy Ho						
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To					
	James K. Franke		1606 I	Brittle	Branch V	Way, Woodb	_		21797		
	20e. METHOD OF DISPOSITION 1X Burlal 2 ☐ Cremation 3 ☐ Remove	val from State cerr	PLACE AND DATE OF		me of	DATE 20c. L					
	4 Donation 5 Other (Specify)		arklawn	1		3/22/97	Rocky	ille	, MD		
	21. BIGNATURE OF FUNERAL SERVICE LICE	MREE							ns Funeral		
	Michael blue	lver	Spring Home								
	23. PART I. Enter the dispases, or co shock, or heart failure. L	int columns that caused	t the death. Do no	t enter tha mo	da of dying, aud	ch as cardiac or res	oiratory ar	reat,	Approximata		
	IMMEDIATE CALISE (Float		interval Between Onset and Death								
	diseese or condition resulting in death)		minutes								
		DUE TO (OR AS A	CONSEQUENCE OF)								
Z	Sequantially liet conditions, b.	DUE TO (OR AS A	Artery	Disea	se						
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
5	CAUSE (Disease or injury C.	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	thet initiated events resulting in death) LAST	232 10 (011 110 11							į = = 3		
E	d.										
AL	PART II. Other eigniticant conditions	contributing to death b	ut not resulting in	tha underlyin	g causa givan in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
						1 YES			COMPLETION OF CAUSE OF DEATH?		
ME									1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAI	N 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:							
YSI	1 YES 2 JANO	1 Inpatient 2 ER/Outp	patient 3 DOA	Nursing Hom		6 Cher (Specify)					
PH	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY WC	RK?	26d. DESCRIBE HOW	INJURY OC	CURED			
BY	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined							Route Number,			
COMPLET	enel enel	CIAN: To the best of my know									
Š	2 MEDICAL EXAMINER	R: On the beels of exemination	n end/or investigation.	, in my opinion, c	leath occured at the	lime, date end place, o	end due to 1	he ceuse(s	s) end menner as stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NU	-0	29d, DAT	E SIGNED	(Month, Day, Year)		
0	D33331 3/11/17										
-	30. NAME AND AGORESS OF PERSON WHO		АТН (ITEM 27) (Турв, F	Print)		1 - 1		-1	y Chare mo		
	Lee Sonethan	musher n	D 55.	so wis	consin f	ine Suite 1	045	Chen	y Chose MB		
	31. DATE FILED (Month, Day, Year) MAR 2 5 1997	32. REGISTRAR'S SIGN	IATURE								
	1000 6 3 139/	June Davis	lson-Andrew	6							



State of Maryland / Department of Health and Mental Hygiene

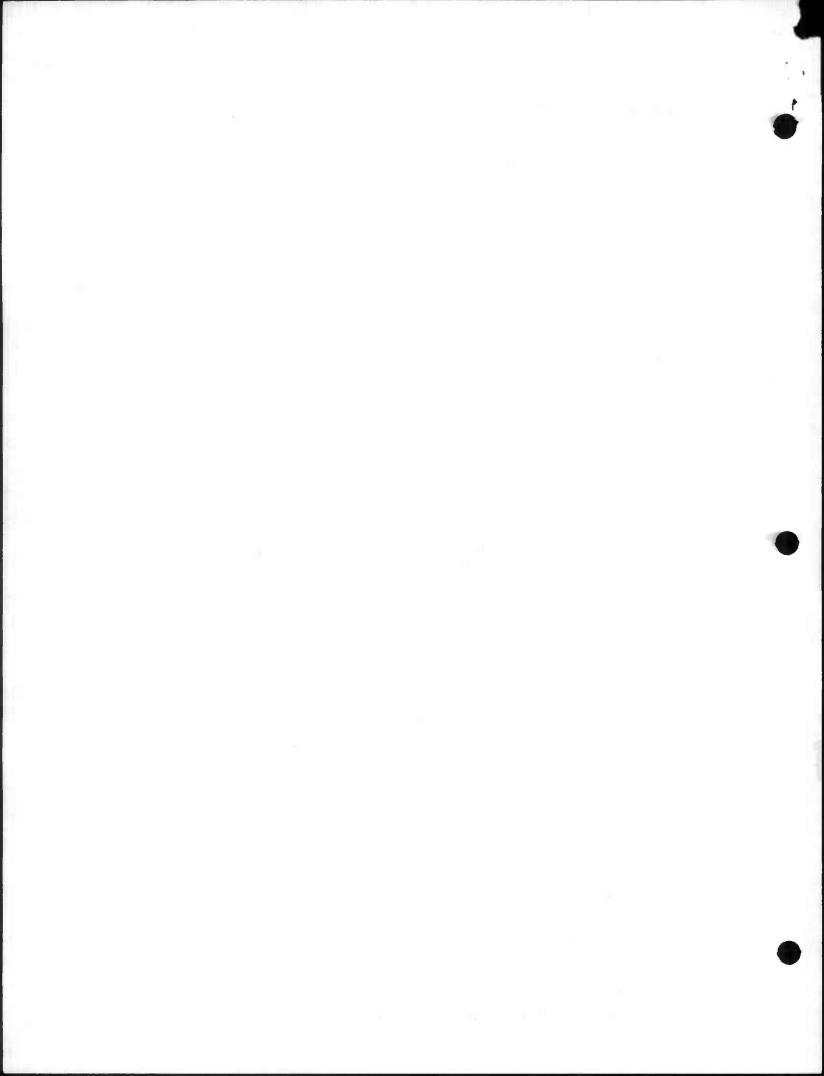
							C	ertifica	ate of	Death		F	leg. No.		
Г	Physic	ian	Decedent's Nem	e (First, Middle, L	ast)							2. Dete of Dee	th Apr.1	, 197	3. Time of Deeth
	Physic /Medi		DAUID	LAUA	tw 1	BAN	KERT	-				4	1 .	97	1045 AV
3	Exami		4e. Facility Name (lf not institution, g	iva street end n	um <i>ber)</i>				4b. City, To	wn, or L	ocation of Death	4c. County	of Deeth	
			113 N. M	ain St.						Unior	Br	idee	Car	roll	
	Funeral		5. Sociel Security N	lumber 6.	Sex	7. Age (I	r yrs. lest birthde		der 1 Yaar	if Undar	24 Hrs.	8. Date of Birth (Month, Day			leca (Stata or Foreign
1	Director		705-10-		1 M 2 □ F		86 Yrs.	Month	ns Deys	Hours	Min.	Feb. 2,	1911	Mary	leca (Stata or Foreign try) v land
			Usuai Residence o									1 CD. 2,	1711	riai	/ Lanu
	Ne m		10a. Stata	10b. County		10	c. City, Town or	Location						11	0d. Inside City Limits
	Aleny Sh	6		0 1	4		D								1 No Yes 2 No
	the Menyler 28a-f show northled at	Director	Maryland 10e. Street end Nu	Carrol	1		Union B					———Т.	0- 011	400	
	M P W	급							Zip Code				log. Citizen of	wnat Coun	try/
	Juitin 72 hours after death with the Meryland jiene. I then "natural", or items 23a or 28a-f show tre Madrel Examiner must be notified at	Funerai	113 N. N	lain St.					21791				U.S.A.		
	e de	une	11. Marital Status	**	12. Was Dec Armed F	cedent Eve orces?	r in U,S. 1	3. Was De If Yes, s	cedent of pecify Cut	Hispanic Ori pan, Mexicar	gin? (Sp n, Puerto	ecify Yes or No- Rican, atc.)	14. Rad Bla	ce - America ck, White, o	
0	or it			ied 2∑ Merried	1 Tes	2 No			2 NO					y: Whi	
000	rai'.	9	3 Widowed	4 Divorced	Year or I	Detas:				opoony.			Specii	y <u></u>	
5-0	72 h netu	Completed by	(Snec	15. Decedent's E	Education	1	16e. Dec	edent's U	sual Occu	pation during mos	t of work	rina	16b. Kind of B	usiness/Ind	lustry
21	2 2	ğ	Eiementery/Seco			(1-4or 5+)	life	. DO NO	Tuse retire	ed)	t or work	g			
21	filed within Hygiene. ther than	5	11				For	eman					Railr	oad	
pu	e filed al Hygi other	Be (17. Father's Name	(First, Middle, Las	it)					18. Mothe	er's Nem	e (First, Middle,	Malden Sumer	ne)	
<u>la</u>	should by	To	David Cod	oke Banke	ert					Sara	h E1	izabeth	Grisco	m	
ary	12 should be filed with h end Mental Hygiene. 7 is marked other than traumatic event, tre M		19a. Informent's Na				19b. Ma	iling Addr	ess (Stree		_	ral Route Numbe			Code)
Ž	RELS		Olivia J.	Bankert	/wife		113	N. Ma	ain S	St. Un	ion	Bridge,	MD 217	91	
o,	s 1 end 2 f Heelth item 27 i		20a. Method of Dis		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	Ob. Piece of Dis				1	Dete	20c. Location		wn. Stete
Baltimore, Maryland 21215-0020	00		1 🗆 Buriel 2	Cremetion 3 [Stete	cemetery, c	remetory o	or other ple	ece)				,	
Ħ	permit. Peg Depertment Important: If any injury o		/1	5 Other (Spec		(arroll					/2/97	Hampste	ad, M	lD .
3al	permit. Depertrimports any inju		21. Signature of Fu	narai Service Lice	ensae	//	41			ess of Fecilit er Fun		Ното			
ш	40 E 8 0		(at	Varine	(VX	Var/	ser					Windson	MD 2	1776	
			23a. Pert1. Enter t	he disease, or cor	nplications thet	caused the	ath. Do not e	nter the m	node of dy	ing, such as	cardiac	or raspiratory ar	est,	1770	Approximeta
	Physician	- 1	SHOCK, OF HEE	rt feilure. List only	y one ceuse on	eech im								1	Intarvel Between Onset and Death
•	/Medical		Immediate Cause		5	701	1.	4						-	2 D 111
	Examiner		disease or condition resulting in deeth)	n	a	141	MAY	a t	100	J					2 Days
		-				Due	to (or es a cons	equenca	ot):	_					6.0
	betr Insit	Examiner			b	in	ng	Ca	no	2					JMO.
	certificate be executed rding physician end ise as the buriel-transit	xa	Sequantially list co if eny, leading to in cause. Enter Unde Cause (Disease or	nditions, nmediete		Due	to tor a e cons	equence o	or):						
68760,	Siclar bun		Cause (Disease or thet initiated events	injury	c		-							1	
8	phy:	/Medical	resulting In deeth)	Lest		Due	to (or as a cons	equenca o	of):					1	
ox (ding se es	Ň			d										
Bo	6 3	ian													
o	requires thet the death seen signed by the ette hould be detached for	Physician	Pert II. Other signif	icant conditions	contributing to d	leath but no	ot resulting in the	underlyin	g causa g	ivan In Part I		23b. Did to	pbacco usa co	ntributa to	the cause of death?
۳.	thet the de ed by the detached	P.		anno	2.1	EII	220 14	1 1	711)			es 2 No	3 Prob	bably 4 Unknown
Ś	es the igned be del	by		00 101	BC	111	3MM	CVO,	1000						
ord	v require been si should	Completed										24e. Wes e			ere eutopsy findings ailable prior to
S	> LI (r)	pie												cor	mpletion of cause deeth?
æ	The lavelete hes	E										1ELV	an John	10	Yes 2 No
a	certificet	Ö	25. Was case refer	red to medical						00.51		Charles and	N	, ,	1165 20 140
5	sician: certific irector,	00	exeminer?	/	Hospital:				0	hor		th (Check only or			
of Vital Records,	Physician: rthis certific ral director,	٦.	1 ☐ Yes 2 ②			Inpatient of Injune	2 ER/Outpet		DON	4 🗆 🗛	irsing Ho	28d. Describe h	ence 6 Oth		"
		9	Neturel	5 Pending		of Injury oth, Dey Ye	er) Injury	1	28c. Inju		No	200. Describe ii	Ow Injury Occur	100	
Division	Attending or death.	Certification:	2 ☐ Accident 3 ☐ Suicide	investigetic	he			M		Yes 2	140				
\leq	of or Attender of the or of the or of the or or or or or or or or or or or or or	ī	4 Homicide	determined	286. Place	a of Injury - ling, etc. (S	At home, farm, : pecify)	street, fac	tory, offica			City or Tow		ber or Hura	l Route Number,
	ital c			+ 1											
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only	Certifying Pi	hysicien: To the	best of m	y knowledge, de	oth occurr	ed et the t	ime, date en	d place,	end due to the d	ause(s) and m	enner as st	ated.
	he H in 24 he F plets		one)	Z Medical Exp	and man	ner stated		ii iv astigati	ion, in my	opinion, dee	111 00001	red et tire time, c	ete end place,	and due to	the Cause(s)
	To the Hospital within 24 hours of To the Funeral Completely filled	Σ	29b. Signature and	title of certifier	//			1	29c. Licen	se number		2	9d. Date signe	ed (Month, I	Dey, Year)
) (),	of C	1	_			L	10	3	30	4	111	97
			30. Neme and/addr	ess of person who	completed cau	se of death	(Item 23a) (Tvn	e, Print)			20			- /	- 1
			TOLO	1011	1	. 3 1		-	.57	1 2	40	(1) Kin	101-		10.401
	C4	to	31. Dete filed (Mont	th, Day, Year	J , 32 F	Begistrar's	N/ N	, we	- 1) 0	VVI	101	UUUT	1/V	103 -101
	Sta Registr				1007	egistrar's	welson Ran	Lett						-	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #1 per physician State of Maryland / Department of Health and Mental Hygiene Carroll Co. p.1.c. Certificate of Death 1. Decedent's Neme (First, Middle, Last) Virginia 2. Date of Deeth 3. Time of Death Month Voor **Physician** 28 O: YIAM 91 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Carroll Lutheran Village Westminster If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1□M 2VF Months Yrs. 213-03-9593 86 Director Maryland Feb. 24, 1911 Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Medical Examinal must be not hed at Maryland Carroll Westminster 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 200 St. Luke Circle 21158 United States permit. Pages 1 and 2 should be filed within 72 hours effect death v Depertment of Health and Mental Hygiane. Important: If item 27 is marked other than "natural", or items any injury or other trauments. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 ☐ Yes 2V2 No It Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1□ Yes 2♥ No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 11 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 2 Charles A. Schuman Bertha C. Miller 19e. Intorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Casper Joseph Behr, husband 200 St. Luke Circle, Westminster, MD 21158 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 04/01/97 1 Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Evergrean Memorial Gardens Finksburg, MD 21. Signature of Funeral Servica Licansee 22. Prittsdariferal Home & Chapel 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tellure. List only one cause on each line. 412 Washington Rd., Westminster, MD 21157 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner physician end the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending Pert II. Other etgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peeu se a 1 ☐ Yes 2 To No 1 ☐ Yes 2 ☐ No certificate 25. Was case reterred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Yeer) funeral 27. Menney of Death Certification: 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Aftar 1 Naturel 5 Pending investigation or Attanding after death. 1 Yes 2 No 2 Accident To the Hospital or Attar within 24 hours after des To the Funeral Director complataly filled in by th 6 Could not be determined 3 ☐ Suiclde 28e. Pleca of Injury - At home, tarm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyeicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signeture end title ot certities 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end address of person who completed cause of deeth (Item 25a) (Type: Frint)

State

31 Dete tiled (Month, Dey, Year)

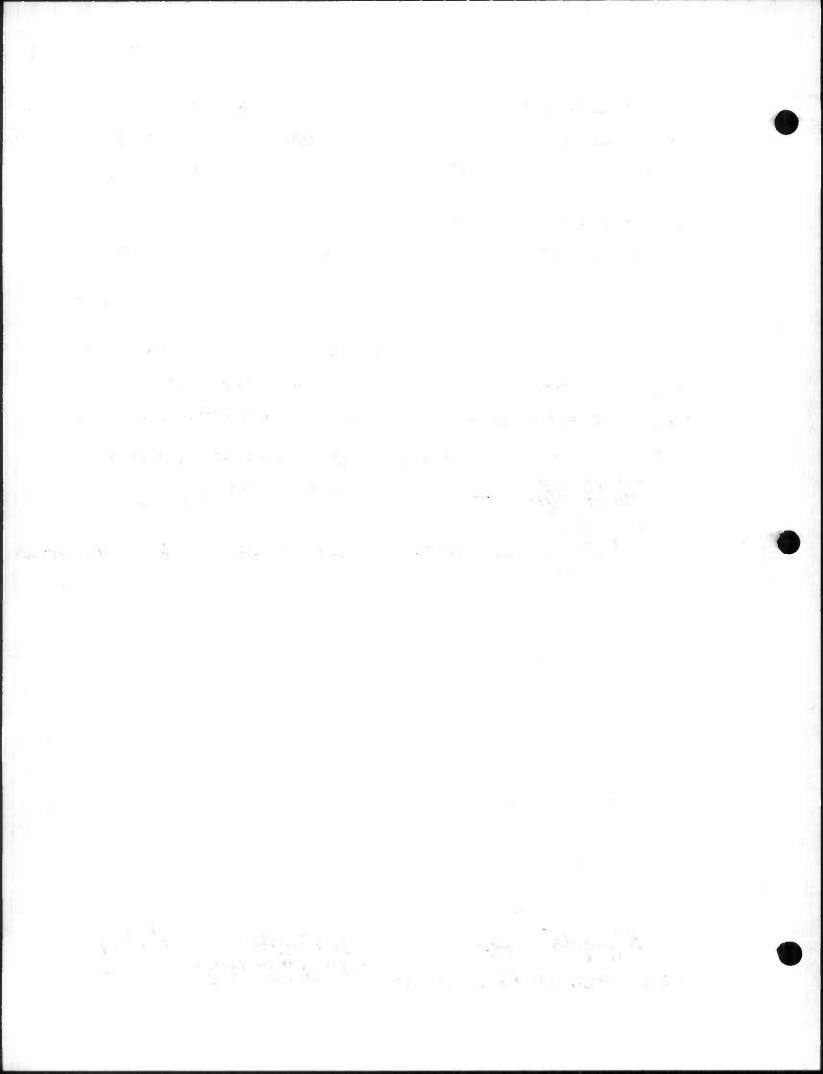


					State	OI IVIA	iyiaii				Death		Mental Hyg	eg. No.) (1145	-8
	Physic	ian	1. Decedent's Nama (First, M	iddle, Las	it)								2. Date of Deal	_	Year	3. Time of Deat	h
	/Medi		SHIRLEY MURI										April 5	1997	1001	11:50 P	M
	Exami	ner	4a. Facility Name (If not institute 914 Barringt			um <i>ber)</i>				1	њ. Сіту, То Wald		ocation of Death		ty of Death	S	
	Funeral	Г	5. Social Securify Number	8. Se		7. Aga		est birthday)	If Under	1 Year Days	If Undar Hours	24 Hrs. Min.	8. Data of Birth	Year)	9. Birth	place (State or Fore	e <i>ig</i> n
	Director		224-40-5359		□ M 2√ F		67	Yrs.	Mornaro	Jujo	710010		FEB 8 I	930′	Vi	rginia	
	puel #		Usual Residence of Deceden 10a. State 10b. Cou				10c. City	, Town or Lo	cation							10d. Inside City Lim	nlts
	Mary Ff sh	ţ	Maryland Char	cles			Wale	dorf								1 X Yes 2 □	
	r 28a	Directo	10e. Straet and Number						10f. Zip	Code	-		1	0g. Citizen of	What Cou	ntry?	-
	th wit	a	914 Barringto	on Dr	ive					2060	02				USA		
070	d 2 should be filed within 72 hours efter death with the Manylend th and Mentel Hygiene. 7 is marked other than "natural", or itema 23e or 28a-f show traumatic svent, the Medical Examination and incitited at	by Funeral	11. Marital Status 1 Never Married 2 N		12. Was De Armed F 1 Yes if Yes, G Year or	Forces? 2 ∐XNo Sive			Was Dacad f Yas, sped 1 ☐ Yes		ispanic Orl in, Mexicar Specify:		pecity Yes or No- Rican, etc.)		ack, White,	can Indian, etc. White	
2	72 ho	ted	15. Dece	dant's Ed	ucation	4)		16a. Deced	dent's Usua	al Occup	ation			16b. Kind of I	Business/In	dustry	
0200-61212	ithin	Completed	(Specify only hig Elementary/Secondary (0-1			(1-4or 5+)				duning mos		King				
7	hygier ther th	S	12 17. Father's Name (First, Midd	do (aat)				Buo	get S	Spec:	ialis		- (F) A 421 (4) A	US Go		ent	
an	intel had of	Be	William J. Dec		_								na (First, Middle, M Tyson Bl		m <i>e)</i>		
Maryland	shoul nd Me mark mark	2	19a. Informant's Name/Relati					19b. Mailir	na Address	(Street			ral Route Number		State Zin	Code)	
	1 and 2 Health a em 27 is other trau		Brenda F. Luke			ghter	r)						ghesville			0000)	
ָרָ ה	of Health I fem 27		20a. Method of Disposition	- 0			20b. Pl	aca of Dispo	sition (Nar	ne of	:a)	I	Date	20c. Location	- City or To	own, Stata	
	Pages ment of i		1 XBunal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Othan			n State						ens	4-8-97	Waldo:	rf, M	D	
paillmore,	permit. Pages Depertment of Important: If it any injury or o		21. Signature of Funeral Serv	ice Licens	190	M001	172				ss of Facilit		שייבוי				
	707 9 Q		> John H	10	w	_		4	433 1	White	e Pls	La	White P		D 206	95	
			Enter the disease or heart failure.	, or comp	lications that one cause on	caused the	ha death	. Do not ant	ar tha mod	e of dyin	g, such as	cerdiac	or respiratory arra	est,		Approximate Interval Between	
	Physician /Medical		tmmediate Cause (Final					74-1	4				. 0		i	Onset and Death	
	Examiner	2	disease or condition resulting in death)		a			9.73		-	NA	C	ARCI NO	MA		14 MONT	#.
		Jer				D	ue to (or	as a conseq	uence of):						i		
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immadiate		b. ———	D	ue to (or	as a conseq	uenca of):								-
5	e exe	Ex	If any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury	J													
00/00	physic the t	dlcai	that initiated events rasulting in death) Last)	C	Di	ua to (or	as a conseq	uance of):								
				L	d												
200	ires that the death certifications signed by the ettending doe deteched for use e	Physician/M															
9	the sche	hysi	Part II. Other significant cond	litions co	ntributing to d	death but	not resu	lting in the ur	nderlying c	ause give	en in Part I.				-	the cause of dea	
0	s thet gned t	by P											101	s 2□No	N	bably 4 Unknown	DWII
5	v requires thet been signed b should be dete												24a. Was an	autopsy		ere autopsy finding allable prior to	ıs
0	aw 2 s b	Completed													of	mpletion of cause death?	
	E ag	S											1 □ Ye	s 2XNo	10	☐ Yes 2☐ No	
Aitai	Physician: The this certificate rail director, pag	Be	25. Was case referred to med examiner?		Hospital:					Oth		of Deat	th (Check only on	9)			
5	2 00	. To	1 Yes 2 No 27. Mannar of Death		28a. Date	inpatient		R/Outpatlen 28b. Time of			4 L NU	rsing Ho	oma 5 PReside 28d. Describe ho			(y)	_
5	th. th. the	tion	XX Natural 5 Pen	ding stigation		nth, Day		injury	м	8c. Injury Work	(? Yes 2 □ f	No	Edd. Describe no	w injury occu	1100		
	Atter or dea octor by th	Ifica	3 ☐ Suicida 6 ☐ Cou	ild not be	28a. Plac	e of Injury	/ - At hor	ne, farm, str	et, factory	, office		+	28f. Location (St	eet end Num	ber or Rura	I Route Number,	
5	rs afte	Certification:	4 - Homode		Dulid	ding, etc.	(эрөспу)						City or Town	, Srete)			
	To the Hospital or Attending Ph within 24 hours sited death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifiar 1 Xertif (Check only one) 1 Medic	ying Phy ai Exami	ner: On the b	e best of r pasis of ex oner state	xaminatk	riedge, death on and/or inv	occurred a astigation,	at the fim In my op	e, date and pinion, deat	d place, th occur	and due to the ca red at the time, da	use(s) and m ite and place	anner as s , and due fo	tated. of the ceuse(s)	
	withii To th comp	Σ	29b. Signature and title of cert		-						number			d. Date sign	ed (Month,	Day, Yeer)	
			30. Name and address of pers	R	M	しり				DI	+ 33	341	6	4/-	19	7	
			30. Name and address of pers	on who co	ompleted cau	se of dea	th (Item :	23a) (Type, I	Print) R	ITA	601	PTA	M.D.	^ ~ ~	9		
			0726 WOOD	JYHE	U KI	1	STE	20	1	CLI	N10	N	NUD	207	22		

State Registrar

31. Date filed (Month, Dey, Year) APR 0 7 1997

32. Registrar's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						_	Ce	eruncate	e or	Death	1		Reg. N	0.		
	hysici /Medic		1. Decedent'a Name	VIOLA	M2			BOZZI				2. Dete of D Month APRIL	4,	• ^y 1997	Yeer	3. Time of Death 8:30 PM
E	xamir	er	4e. Fecility Neme (If I			um <i>ber)</i>						ocation of Dee			of Death	
-			16405 Be 5. Sociel Security Nu		Sex	7. Age //	n yrs. last birthda	/) If Under	1 Year	ACCO		R Dete of B				ORGE'S
	neral ector		579-22-71	92	1□M 2□√F		71 Yrs.	Months	Days	Hours	Min.	8. Dete of Bi (Month, D OCT 6	1925	2	Wash	place (State or Foreigntry) nington, D
pue	ž		Usuel Residence of I	10b. County		10	C. City, Town or I	ocation								10d. Inside City Limit
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lan:	director, pag	Be	25. Was case referre	to medical						26. Plec	e of Death	h (Check only	(ne)			
Physician:	O a	2	1 Yes 2 N	0	Hospital:	Inpatient	2 ER/Outpetion	ent 3 DO	A Ot	her: 4 N	ursing Ho	me 5 Res	Idence	6 □Oth	er (Speci	(y)
	funar	Certification:	27. Manner of Deeth 1 Naturel	5 Pending Investigati		of Injury oth, Day Ye	par) 28b. Time Injury	of 28	Bc. Inju	rry at ork? Yes 2 🗆		28d. Describe	how Inj	ury occur	red	
or Attending after death.	In by the	fica	2 Accident 3 Suicide	6 Could not determine	be one Dies	e of Injury	At home, ferm, a					28f. Location	(Street a	ind Numi	ber or Run	ral Route Number,
afte	d in d	ent	4 Homicide			ling, etc. (S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City or To	wn, Sta	te)		
To the Hospital within 24 hours	complately filled in by	Medical C	29a. Certifier 1 (Check only one)	Certifying P	eminer: On the b	asis of exa	y knowledge, dee amination and/or i	th occurred a	t the ti	ime, date er opinion, dea	nd plece, ath occurr	end due to the red et the time	cause(s) end ma	anner as a	stated. to the cause(s)
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			CHARLENE L						TV	INCCT	ON DE	אמם ר	ANC	DOAL	n Mr	20616
	Sta	te	31. Dete filed (Month,	, Day, Year)	32.1	Registrar's	Signature _	30/3	TA	110011	OIA KL	J., DKI	MILO	RUAI	J, ML	70010
R	egistr	-	AF		997	ulind	Signature Ru	dall								

HMEN ded #5, #12, #15 3/31/97 MJS Allegany County ACHD

Please Type or Print in Black Indelibie Ink. Assure Aii Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Ce	ertificate of	Death		Reg. No.		
			Decedent's Neme (First, Middle, Last)				2. Dete of De			3. Time of Death
	Physici /Medi		Robert Jamps Bees	seck			Month	25, 19	Year	3:00 P.M.
	Examir		4e. Facility Neme (If not Institution, give street and number)			4b. City, Town, o	r Location of Deat		4 4	
	LAGITIII	101	Residence - 217 Hendors	and A	Jenilla	cumb	enland	A11.		V
_	Francis		5. Sociel Security Number 6. Sex 7. Age (In yrs.			If Under 24 Hr		th	9 Birthold	and (State or Engine
	Funeral Director		215-20-5066 1× 1× 20F 7	Yrs.	Months Days	Hours Mir	n. (Month, De	y, Year)	Count	ece (State or Foreign ry)
	Director		Usuel Residence of Decedent			<u> </u>	ocrober	16,1926	Mar	yland
	and and			ity, Town or L	ocation				10	d. Inside City Limits
	Aary a b	ō	Maryland Allegany	cuml	bouland					1⊠Yes 2□No
	tha the	Director	10e. Street end Number					40- 02	40 - 10 - 1	
	filed within 72 hours after death with the Maryland Hygiene. ther then "netural", or items 23s or 28s-f show ant, the Medical Examinet must be notified at	古			10f. Zip Code			10g. Citizen of \		ly?
	ath a	Funeral	217 Henderson Avenue			502		45		
	r da	ane.	11. Maritel Stetus 12. Wes Decedent Ever In U	I,S. 13.	Wes Decedent of I If Yes, specify Cub	Hispanic Origin? (en, Mexican, Pue	Specify Yes or No rto Rican, etc.))- 14. Red Blee	a - America ck, White, e	
20	or l	F	1 Never Merried 2 Married 1 X Yes 2 No		1□Yes 2⊠No			Specifi		
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2	ithin	du	Elementary/Secondary (0-12) College (1-4or 5+)	ł.	e kind of work done DO NOT use retire		,			,
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Maryland	be filed withintal Hygiene. d other than	3e	17. Fether's Neme (First, Middle, Last)				eme (First, Middle			
<u>a</u>		To	James Matthew Beeseck			Thelm	a Leon	a Ker	chev	aL
and		-	19e. Informent's Name/Reletionship (Type, Print)	19b. Meil	ling Address (Street					
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e,	s 1 and f Healt frem 2 other		20e Method of Disposition 20h i	Plece of Disp	position (Name of ematory or other ple		March	20c. Location -	City or Tov	vn, Stete
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V	Physician									Onset and Deeth
ſ.	/Medical Examiner		Immediate Cause (Finel disease or condition	? (auce!	R				3 mos
	LAUTHITO	_	resulting in deeth) e. Due to (okas a conse	equenca of):					
	P #	Examiner							i	
	und trans	ше	Sequentielly list conditions, if eny, leading to immediate	or as a conse	equence of):				<u> </u>	
Ď,	e ex ian a		If eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury							
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õ	certifica Iding ph	Med	1 cooking in docking East						1	
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ŭ	deal de att	Sici	Pert II. Other significant conditions contributing to death but not res	sulting in the	underlying cause giv	ven in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of death?
r Ö	The law requires that the death at a been signed by the atter paga 2 should be detached for u	Physician	-1 t-0		-		100	Yes 2□ No	3∏ Prob	ably 4 Unknown
	s tha	by F	Pilaiso Cardion	mo	palhy					
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e L	a has	Completed						Araf		
o			05 W				10	Yes 28 No	10	Yes 2□ No
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	D 8	on	Netural 5 Pending (Month, Day Year)	28b. Time of Injury	Wo		28d. Describe	how Injury occur	red	
S	Attending or death.	cat	2 Accident investigation 3 Suicide 6 Could not be		M 1 🗆	Yes 2 □ No				
DIVISION	ther of the color	Certification:	4 Homicide determined 28e. Placa of injury - At h building, etc. (Special	ome, ferm, st fy)	treet, fectory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rural	Route Number,
ב	ied i									
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A complately filled in by tha fu	edical	29a. Certifier (Check only 2 ☐ Medical Examiner: On the basis of examina	wiedge, deet	th occurred et the tir	me, dete end place	e, end due to the curred et the time.	ceuse(s) and me date and place.	enner es sta and due to	ited. the ceuse(s)
	the the nplat	Med	end manner steted.							
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	7		I Wante Dag		D 3	5-43	1	3/2	1/97	t
	47/12		30. Neme end eddress of person who completed cause of deeth (Iter	n 23e) (Type	, Print)			, ,	,	
	W22		Mark Sagin, M.D. M.	pulon	ial He	spital	, CUNI	opn lav	d mi	0,21502
	Sta		31. Dete filed (Month, Day, Year) 32. Registrer's Signa	eture		/				
	Registr	ar	MAK CODS/ MAR distinction	5- Wardal	7					

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month RETHA BUCKLEY 1997 April 10:28 AM /Medicai 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Allegany Memorial Hospital & Medical Center Cumber land 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) **Funeral** Deys 1 □ M 2 🗓 F 56 236-58-1072 Yrs. Director Usual Residence of Decedent the Marylend Show 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show adical Examiner must be notified at 1 Yes 2 No WV Director Hampshire Romney 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? P. O. Box 306 26757 U.S.A. Completed by Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Yeer or Detes: 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - Americen Indlen, Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours efter of neat of Health and Mentel Hygiene.
Int: If item 27 is marked other than "natural", or item
Inty or other traumatic event, the Medical Expansion.
Inty or other traumatic event, the Medical Expansion. 1 ☐ Never Married 2 ☐ Married White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: 3 XWidowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) President Beer Distributor 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Unknown Martha S. Lewis 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar important: if item 27 is any injury or other trau P. O. Box 306, Romney, WV Gary W. Buckley 20b. Place of Disposition (Neme of cemetery cremetory or other p 20a. Method of Disposition 20c. Location - City or Town, Stete Omps Cremation Service Apr. 2, 1997 Winchester, VA 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral perfice Censee ²² Name and Address of Fecility Shaffer Funeral Home, Inc. 230 East Main St., Romney, WV 26757 23a. Pert1. Enter the isease, or complite ions that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or levert feiture. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel Large Cell Lung Cancer Year diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner Brain Metastasis 6 Months physician and s the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting In deeth) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 98 guipi nse etten ed by the e Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? ned by 2 No 3 Probably 4 ☐ Unknown Records, should be d þ 24b. Were eutopsy findings available prior to Completed 24e. Wes en eutopsy performed? completion of ceuse of deeth? page 2 certificate of Vital Physician: director. Be 25. Wes case referred to medical 26. Plece of Death (Check only one) examiner? Hospitel: 1 Impatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 To the Hospital or Attending Physis within 24 hours effer death.

To the Funeral Director: Affer this completely filled in by the funeral directors. this 27. Menner of Deet! 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 1 Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homleide Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner as steted.

Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29e. Certifier edicai (Check only one) 29b. Signeture and title of the 29c. License number 29d. Date signed (Month, Day, Yeer) D 43497 April, 02 1997 15 Mes 30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print) 21502 Dr. Daniel Leibman Memorial Hospital Cumberland, Md. 31. Dete filed (Month, Dey, Year) State APR 04 Registrar

DHMH 16 Rev 6/95

न्। उद्भ

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amonded #10c, 4/7/97 This, Allegany County State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No. 1. Dacadant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Day Yaer BRELSFORD 1997 2:45 PM April /Medical 4a. Fecility Nema (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Allegany Memorial Hospital & Medical Center Cumberland If Undar 1 Year 7. Aga (In yrs. last birthday) If Under 24 Hrs. 8. Dete of Birth Month, Day Year Sept. 20 1917 5. Social Security Number 9. Birthplace (Stata or Foreign **Funeral** Months Days Hours West Virginia 1₽M 2□ F 217-10-4782 79 **Director** Usual Rasidanca of Dacedent the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Mineral Rt. 2 Box 150 Keyser, Director 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Rt. 2 Box 150 26726 U.S.A. Items 23a death Funerai Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) Race - American Indien, Black, White, atc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours effer near of Health and Mental Hygiene.
nt: If item 27 is marked other than "natural", or the nry or other traumatic event, ""a Medical Exerting rry or other traumatic event, ""a Medical Exerting 1 ☐ Navar Marriad 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No by Specify: White 3 Widowed 4 Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highast grade complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) Laborer Construction 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surnama) Be John B. Brelsford Hattie (Saville) Brelsford 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mary F. Brelsford Wife Rt. 2 Box 150 Keyser, WV 26726 20b. Placa of Disposition (Nama of camatary, cremetory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramovel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) permit. Pege Department of Important: If any injury or once. Ft. Ashby Cemetery Ft. Ashby, WV 22. Name and Address of Facility Upchurch Funeral Home 21. Signature of Funeral Servica Licenses P.O.Box 1260 Ft. Ashby, WV sease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, lure. List only one cause on each line. Approximata Intarval Batween Onset and Daath **Physician** Immediata Causa (Finel disaasa or condition rasulting in daath) /Medical Brain Tumor 6 Months Examiner Due to (or es e consequance of): The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disease or Injury that initiated events rasulting in death) Lest and Dua to (or as a consequence of) Box 68760, physician Physician/Medical the Dua to (or as a consequence of): ettending i P.O. signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ been sig 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa page 2 s of death? hes 1 Yas 2 NO 1 Yas 2 No certificete of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director, to Be 25. Wes casa referred to madical 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 70 1 ☐ Yas 2 No 27. Manner of Daath 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Division 1 Natural 2 Accidant 5 Pending invastigation Injun 1 Yas 2 No 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Plece of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end place, and dua to the ceuse(s) end mennar as statad.

Medical communer: On the basis of axamination and/or Invastigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only one) 29b. Signature nd title of certifier 29c. License number 29d, Data signed (Month, Day, Year) D 12779 April 4 1997 10 30. Name and address of person who completed causa of deeth (Item 23e) (Type, Print)

State Registrar Dr.

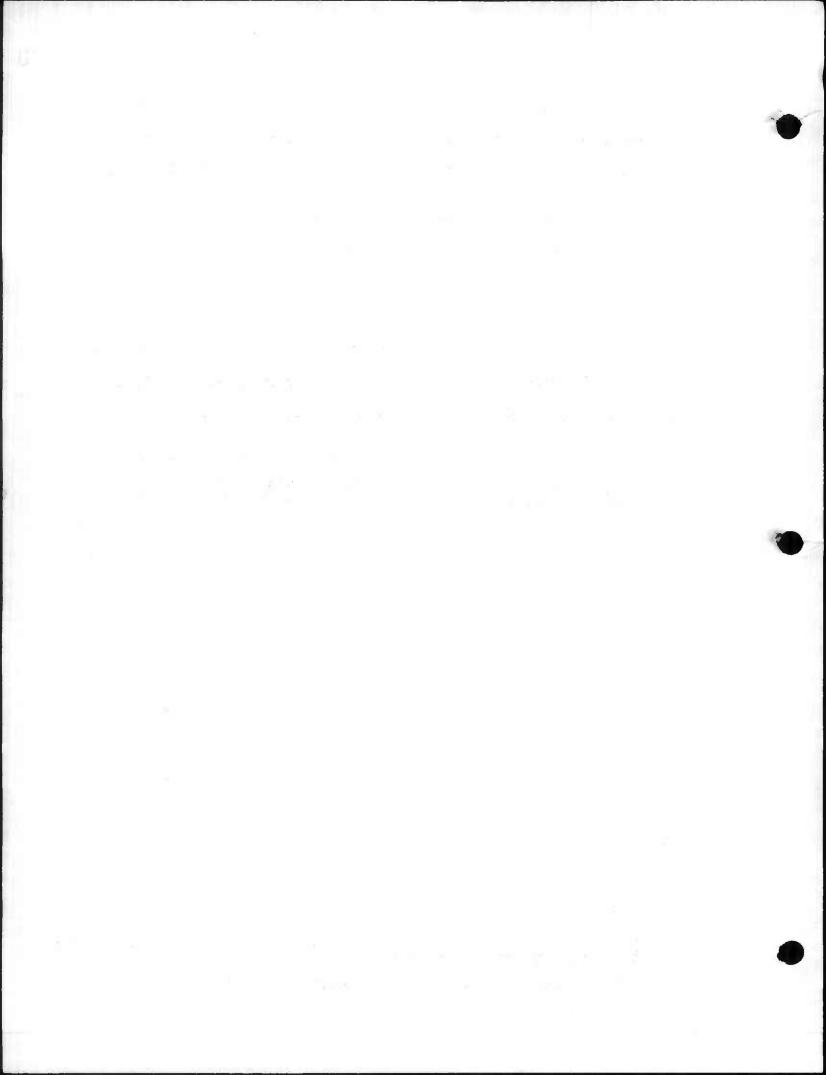
Fiscus

Memorial Hospital

2. Redistrar's Signatora

21502

Cumberland, MD.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** arie /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death Examiner Harre 6race de If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (th yrs. last birthday) 9. Birthpiace (Stete or Foraign **Funeral** Days 213-14-5216 1□M 20 F 1905 91 Maryland Yrs. Director Usuei Rasidance of Decedent death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ortant: If itam 27 is marked other than "nature!", or items 23s or 28s-f shov injury or other treumstic event, the Medical Examiner must be nottled at 1 Ves AFINo Maryland Harford Director Edgewood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1905 Hawthorn Road 21040 USA Funerai 12. Wes Decedant Evar in U,S. Armed Forces? 1 □ Yes 2 2 No if Yas, Giva Yaer or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican indien, Bieck, Whita, atc. 11. Maritei Status permit. Peges 1 end 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If flam 27 is marked other than "natural", or flen any injury or other traumatic avant 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ZNo Specify: Specify: White þ XXWidowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry United States Elementery/Secondary (0-12) Collega (1-4or 5+) Clerk Postal Service 11 17. Fether's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) Martin Adolph 2 Necker Christine (unk) Neumeister 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Margaret Huffines, niece 2112 Trimble Road, Edgewood, Maryland 21040 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removei from Steta 4 ☐ Donation 5 ☐ Other (Specify) Air Memorial Gardens 4-1-97 Bel Air, Maryland 22. Nema end Addrass of Facility Howard K. McComas III Funeral Home, P.A. is, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, Applications and ach line. Approximata interval Between Oneat and Death **Physician** /Medical immediata Causa (Final disease or condition rasulting in death) Examiner Examiner physician and the burial-transit Saquantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Diseasa or injury that initiated evants rasulting in death) Lest Dua to (or as a consequence of): Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 98 attending signed by the atter Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown 1 Yee 2 No ò 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen page 2 certificate has 1 🗆 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certifica Be 25. Was casa raferred to medical 26. Placa of Death (Check only one) axsminar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 211 N 1 Yas 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Manper of Death 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Describe how injury occurred 5 Panding invastigation 1 Yas 2 No 2 Accident filled in by the 6 ☐ Could not ba datamined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stata) Place of injury - At home, farm, streat, factory, office building, atc. (Specify) 4 D Homicide 12 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and due to tha cause(s) and mannar as stated. 2 Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner steted. 29a. Certifia: completely

29c. Licansa number

State Registrar 29b. Signetura and titia of certified

of person who completed cause

1997

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State of Maryland / Department of Health and Mental Hygiene

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27 le		Mrs. Ha	zel H. B	artlebaugh	1	1961 Ca	astlet	on Road,	Darlin	aton, M	MD 21	034	
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Depertit. Depertit Importation any Inju		21. Signeture of Funeral Service Licensee Witchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197											
Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line.							rest,	1	Approximete Intervel Between		
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State Registrar

31. Dete filed (Month, Dey, Year)

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30. Nem and eddress of parson who completed cause of beath (them 23e) (Type, Print)

